

CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 1, 1986

a Benn publication

Mr Tanna 'goes public' against parallel imports

API appeal on rejected PL(PI)s goes ahead

Pilot trial to link PPA with pharmacies

Macarthy's give in to increased Jadelle offer

Marketing memo: the plus factor

Farley losses could be £25m, say Glaxo

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- 3/ I will stock the skin care range that runs highly successful promotions.
- 4/ I will stock the skin care range that has more than doubled its sales over the past five years.
- 5/ In short, I will stock the Simple skin care range.



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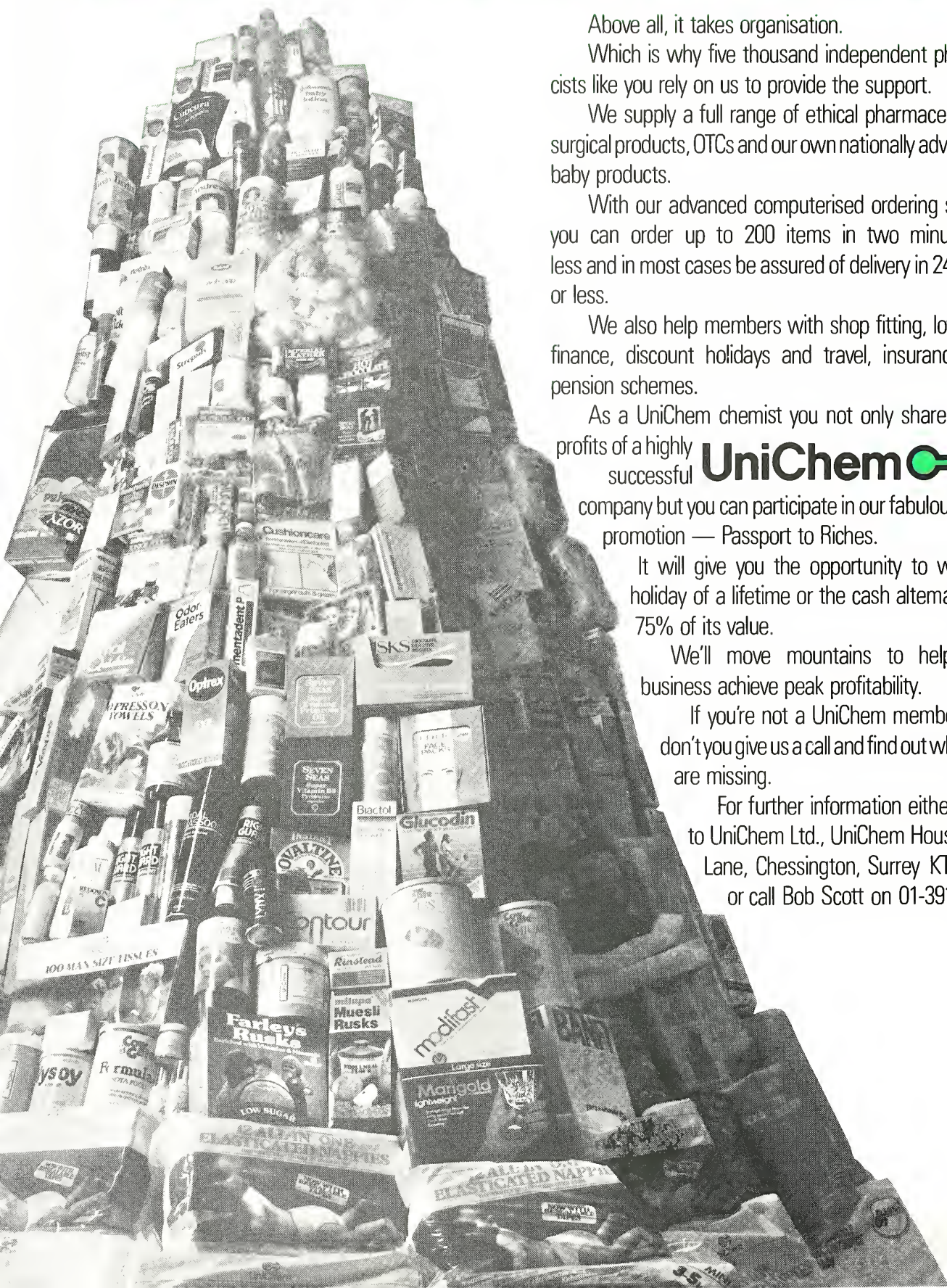
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COMMENT



Last week publication by *Chemist & Druggist* of the list of the parallel import product licences so far issued by the DHSS (see p137) highlighted the dilemma faced by many pharmacists. Should they take advantage, perhaps for the first time, of the licensed imported medicines available on the UK market using the C&D list as a guide, or should they continue to eschew the fast buck, having a greater regard for their own and the industry's long-term stability. The Pharmaceutical Services Negotiating Committee itself sought to warn off pharmacists by raising the spectre of a fresh round of DHSS inspired clawbacks (last week p120).

This week both the generics feature (p195) and a potential solution to the keen price war in that market proposed by Evans Medical general manager Allan Cambridge, further underlines the depth of the problem pharmacists confront (p169). Xrayser, too, spells out his own



concerns (p173).

Mr Cambridge's solution to the cut-pricing of generics is their inclusion in the PPRS now under review. The level of discount available to both wholesaler and contractor should be fixed in order to protect the manufacturer — PSNC's chief executive Alan Smith agrees. And PSGB Council member Ashwin Tanna suggests manufacturers could solve the parallel import price war at a stroke if they adjusted their UK/EEC medicine price differentials downwards on key products. One thing is certain; a

brave initiative is needed on both the parallel import and the generic price front. What is uncertain is who will make it and take it.

Mr Tanna is correct in believing that public opinion could have considerable effect on parallel importing, particularly if it can be mobilised by the media approached this week. Whether the public will exclude "innocent" contractors from the tarnished image of the few, remains to be seen.

Many pharmacists are prospering as never before. The public is ever more mindful of their usefulness to a community in need of cost-effective health-care over the High Street pharmacy counter. Hopes are running high for a revitalised profession post-Nuffield and post-new contract. Someone, somewhere, needs to hand pharmacy contractors the good advice they themselves claim to have available for the patient, before considerable damage is self-inflicted.



Mr Tanna 'goes public' against PIs

Pharmaceutical Society Council member Ashwin Tanna has taken his campaign on parallel imports to the public, to try persuade the Government to take action against illegal parallel importing. This week he was interviewed by LBC Radio, *The Evening Standard* and *The South London Press*. Mr Tanna's message is that any pharmacist dealing in parallel imports is making money out of the taxpayer, and those few pharmacists who dispense imported medicines that do not have a PL(PI) are breaking the law and should be prosecuted by the DHSS as Licensing Authority.

The use of parallel imports was described by LBC's "AM" programme on Monday as a "huge swindle of the NHS by pharmacists".

Mr Tanna, who was interviewed on the programme, said: "My message to the public is that when they take a script to a local chemist they should always ask for a British product. As it stands pharmacists are being paid on NHS and UK prices. By giving out parallel imports they are pocketing money at the end of the day."

He told the presenter he could prove that illegal importing was going on, and used the example of Vibramycin 100mg with a Greek package insert. The reaction from the Department of Health was disappointing, said Mr Tanna. "They are trying to tell me they are taking action. I am going to provide them with evidence and hope they will act."

Mr Tanna says he is frustrated by the

lack of co-operation between the DHSS, as enforcement authority, and those pharmacists who do not wish to trade in either licensed or unlicensed imported medicines. His concern is that following the downfall of the HD scheme, the pharmacists who have not taken the advantage of parallel imports discounts that "beat the Drug Tariff scale", will be penalised if the DHSS attempts to clawback monies from all contractors.

Pharmaceutical companies are challenged by Mr Tanna to bring European and UK medicine prices more into line. He says if the differential on some of the "big 40" parallel imported medicines were reduced from 30-40 per cent to around 20 per cent, parallel importing would be killed at source. Public pressure on pharmacists to dispense UK sourced medicine only could have the same effect, Mr Tanna says.

DHSS faces up to dead-stock?

The Under secretary for Health Baroness Trumpington has admitted that there might be a problem with pharmacy dead stock following the limited list.

Responding to questions in the House of Lords, Baroness Trumpington, said the Government was discussing the dead stock question with the profession's negotiators.

The Baroness said the Advisory Committee on NHS Drugs had looked into and rejected 26 products. Asked by Lord Ennals (Lab) how much had been saved by the exercise she said: "It is still too early to establish precise figures, but on the information available to us, we are on

target to achieve the expected £75m."

The Countess of Mar (Ind) asked how many complaints about the limited list had been received from patients by the Department of Health: "Would it not be better to have consulted GPs before the list was drawn up?"

Baroness Trumpington replied that over 2,000 complaints had been received. "As for having discussions with doctors, I would say with hindsight that it could have been better handled, and it will be in future," she added.

■ The quadripartite meeting called by PSNC to discuss drug pricing (see *C&D* last week) is to take place on February 7. Replies have already been received from the National Association of Pharmaceutical Distributors and generics manufacturers. PSNC is to apply for an order to expedite the judicial review on the new contract.

API appeal on rejected PL(PI)s...

A DHSS appointed panel will hear an appeal by API (Suppliers) Ltd against the Licensing Authorities refusal to grant them parallel import product licences (PL(PI)s) for eight products.

The two-man panel comprises Sir Frank Hartley, FPS, former vice-chairman of the Medicines Commission, and Mr Bernard Hargrove, QC. The hearing, under Section 22 of the Medicines Act, 1968, is open to the public and is expected to last a week.

It will take place at the St Ermin Hotel, Caxton Street, London SW1, and begins on Monday, February 3 at 10 am.

The written judgment of the panel will first be passed to the Minister for Health who may then publish it.

...the C&D list

Several parallel import companies listed last week by *C&D* (p137) as holding parallel import product licences (PL(PI)s) for certain medicines say their full portfolio was not published.

Some of these companies — including Aeropax (International) Ltd trading as Stepfar BV, Alan Pharmaceuticals, Whitworth (Pharmaceuticals) Ltd, Euripharm Ltd (not Eurimkpharm as stated last week), Eurochem Ltd, Global Pharmaceuticals, Grange Pharmaceuticals — have supplied *C&D* with complete lists and the DHSS has offered to check these products have PL(PI)s.

As stated last week, *C&D* will amend the list as fresh licences are issued by the Licensing Authority and make good any discrepancies when checks are complete. If the list is successfully transferred to *C&D's* Price List, the DHSS guide to likely EEC import sources for particular medicines (*C&D*, January 25, p121) will be published and updated as well.

....829 issued

The Department says that 829 PL(PI)s have been issued to date from 2,359 applications. So far 1,742 applications have been dealt with; 617 are in the pipeline, and around half of those are said to be waiting on additional information from applicant companies or from foreign licensing authorities.

Remuneration: call for review of system

The whole system of chemist remuneration and manufacturers and wholesalers operating margins needs urgent revision followed by a period of medium to long-term stability, says Allan Cambridge, general manager of Evans Medical (see also Generics feature, p199)

One area that needs to be resolved with some urgency is the price the Department is prepared to pay for generic prescriptions, he says. "At the moment this is achieved by monthly adjustments of the Drug Tariff prices to reflect the manufacturer's price. If there is a wide discrepancy between the manufacturers price and the Drug Tariff this is corrected through the 'S' List. These adjustments are confirmed by a discount inquiry. Such an inquiry is expensive and time-consuming and does not resolve the basic problem.

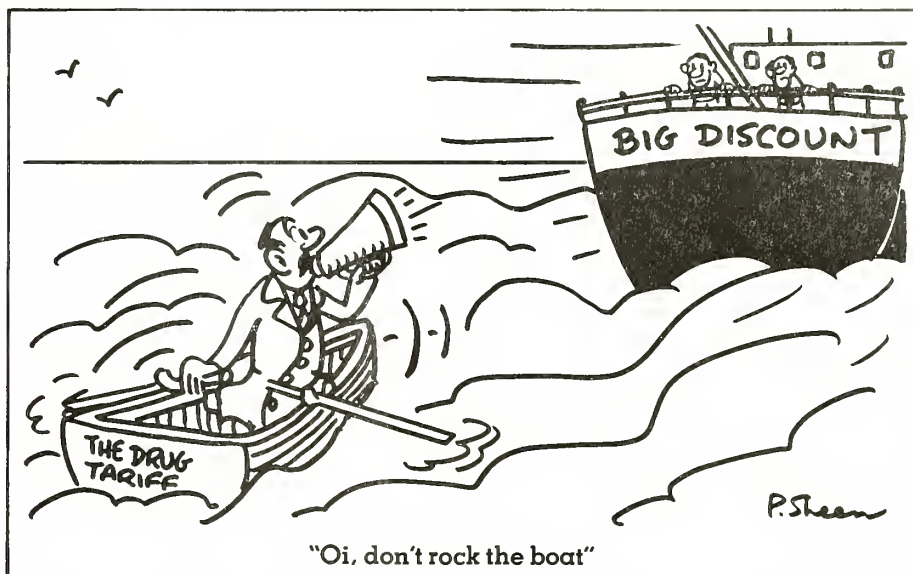
"One of the major marketing costs it does not pick up is the level of discount being provided by the manufacturers to wholesalers. One possible way of correcting the pricing mechanism is to have generics become part of a modified pharmaceutical price regulation scheme with the level of discount to the wholesaler and chemist being fixed."

Mr Cambridge says that most worrying of all is that generic prices are getting to the level where they are close to the manufacturing cost, with many companies already "loss-leading" on key generic products such as methyl dopa and oxytetracycline. "Further price reductions could lead to withdrawal from the UK market of a number of the smaller quality manufacturers and to a deterioration in product quality by less responsible manufacturers in an attempt to reduce their costs (in order to stay in the market).

"Furthermore, unless the level of discount clawback is reviewed in line with any review of the generic Tariff pricing mechanism, chemists, especially the larger outlets, could be forced to move to purchase from this suspect group or to low price imported generic products."

Mr Cambridge says his main concern about imported generics is not that he has reason to suspect that inferior products are being sold, but that there is no effective control on the type of product that is permitted to be imported.

"Unlike medicines manufactured in the UK, Product Licences for imported generics are frequently issued without



inspection of the overseas manufacturing premises. Without assessment of the production facilities and operating philosophy of the manufacturing company, the DHSS is placing the whole of Government generic policy at risk," he says. "If an incident happened as the result of the negligence of a manufacturer of an imported generic, all generics (whether imported or manufactured in the UK) would be publicly condemned. It would appear to me that the Government should at least be taking out some insurance cover to protect their generic interest. This could be achieved quite simply by ensuring that every batch of imported generics was tested by the Government's Analyst until

such time as the overseas premises had been inspected."

Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee, agreed with Mr Cambridge's view of the problem. "If you want a range of quality products, you have got to look after the industry that produces them," Mr Smith says.

It is an unfair system, where short-line wholesalers can cream off the volume sellers, cut the price and have no effect on the Drug Tariff, "while we should expect those people doing the service lines to keep the range of slow movers, and as soon as they compete, the Drug Tariff goes down," he said.

OTC medicines focus on ITV

Cheap generic medicines are as good as the more expensive brands — and the pharmacist should tell his customers so, according to a forthcoming television programme.

Too many choices (ITV, February 10) deals with the pressures manufacturers put on GPs to prescribe "their product" by heavily advertising brands. "The limited list transferred much of this pressure to the customer and pharmacist because more medicines are now OTC products", said programme creator Jenny Bryan.

Pharmacist David Hibbard, who appears on the programme agrees that manufacturers have increased their consumer advertising enormously. "In the 'On TV' section of *C&D* this week for example at least 50 per cent of the medicines are being pushed as OTC products because the limited list," he said.

The programme looks at what the pharmacist can do to help customers choose the right OTC medicine — which isn't necessarily the most expensive, it stresses. A clinical pharmacist advises paracetamol as a painkiller for example.

"But less scrupulous pharmacists can make a lot of money from branded sales. And there's no doubt that advertising is so powerful that if someone comes in and asks for, say Actifed, then they will probably walk out with it", said Mr Hibbard.

The Wellcome Foundation — who lost heavily on sales of Actifed when it was taken off the limited list — helped Central TV with *Too many choices*. The cameras followed one of their reps as he did his rounds of GPs.

Hayhoe listens

The National Association of Pharmaceutical Distributors was given a "fair hearing" by Health Minister Barney Hayhoe at a meeting on January 14, according to director Ossie Logan.

In its first meeting with Mr Hayhoe the NAPD reiterated its view that the key to an orderly distribution market lay with the introduction of differential discounts and a full range distributors licence.

The NAPD also pressed for enforcement of the laws on parallel importing, and asked the DHSS to publish a list of medicines refused a PL(Pi).

SHOULD A H COST MORE IN IN HARE



Last year, the average cost of talking on television to one thousand housewives in Yorkshire was £3.48. In another area it cost over £6.00.

Which meant, quite simply, that some advertisers were paying a premium of 70% in that region over what they would have paid with us.

How, we wonder, does that other region explain this curious anomaly?

Do housewives in that area eat 70% more food?

Do they wear 70% more perfume?

Do they guzzle 70% more chocolates?

Do they take 70% more holidays?

It seems unlikely, doesn't it?

So why the difference in cost?

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Hence our highly competitive pricing.

HOUSEWIFE HASTINGS THAN DOGATE?

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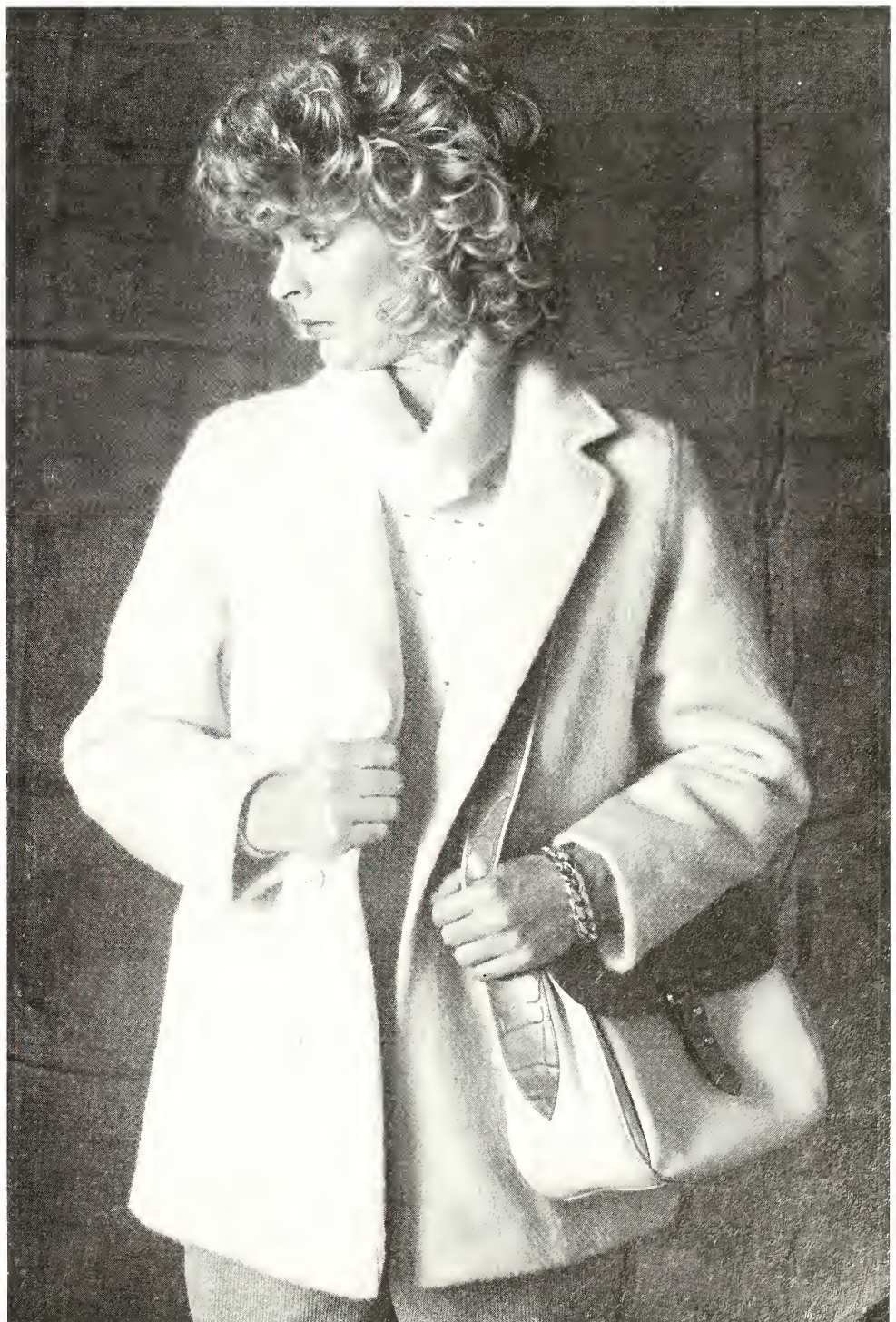
Deals which look terrific in terms of their own station average price, but which seem distinctly underwhelming when looked at against network costs as a whole.

We're happy to engage in a bit of haggling of course, but usually we don't need to do more than show the numbers.

Last year, we could have sold all of our airtime at 10% below the network average price and still delivered a healthy return both for ourselves and our advertisers.

The cost of reaching your audience in Hastings would not have been such good news.

In fact, it could have been the worst news to come out of that part of the world since 1066.



**YORKSHIRE
TELEVISION**

Pharmacy trial of PPA links

The Department of Health is about to start a pilot trial testing the feasibility of computer links between pharmacies and the Prescription Pricing Authority.

Information from prescriptions will be keyed into pharmacy terminals, transmitted to an intermediate centre and then to the PPA's computer. There would be no need for pharmacists to sort and count prescription forms.

The Department is inviting suppliers of pharmacy computer systems to apply to take part in the six month pilot trial which is due to start in September and will involve about 20 pharmacies. Those interested should contact Ian Watmore, Arthur Andersen & Co Management Consultants, c/o DHSS, Hannibal House, London SE1 6TE (telephone 01-703 6380, extension 3467), within a month.

Pharmacists wishing to participate should contact their computer suppliers in the first instance. The suppliers will be the main contacts for support at local level.

The trial aims to find out if existing pharmacy systems can be extended to capture the information necessary for pricing and to determine whether accurate data could be obtained from a

large number of pharmacies over the long term. The study would also measure the impact on workload and staffing requirements of both pharmacies and the PPA and would estimate any cost savings. Improved audit procedures would be built into the system and pharmacists would still have to submit prescription forms, although there would be a reduction in sorting and endorsement.

Payments would be made more quickly, possibly before the end of the month, and there should be less need to refer prescriptions back because of incomplete endorsements or illegibility. If the system was widely used, pricing staff could be reduced from present levels of over 2,000 to about 600 by the mid 1990s.

The Department has no commitment to introduce a nationwide scheme in the future. The results of the trial will be evaluated and the findings published before long term plans are decided. The Department recognises that it would be "not unreasonable" to pay pharmacies for their part in the trial but this would be incorporated in the overall agreement with the chosen suppliers.

The trial will be restricted to the Pricing Authority's in division 5 which covers North Tyneside, Newcastle, Croydon, Bromley, Norfolk, Enfield and Haringey, Barnet, Herts, Beds, Bucks, Northumberland, Kingston, Richmond, Wilts, Liverpool and Wigan.

Yellow cards 'can show bias'

The yellow card system of adverse drug reaction reporting should never be the sole basis of drug withdrawal when the events reported are something common, a leading epidemiologist said last week.

Referring to the recent concern over gastrointestinal haemorrhage and piroxicam, Professor Bill Inman of the Drug Surveillance Research Unit at the University of Southampton, said that his system of prescription event monitoring had shown little difference between the non-steroidal anti-inflammatory agents.

In this system all patients on drugs under study — including all new drugs — are followed up through GPs a year after their first prescription for adverse effects. The Unit has studied over 56,000 patients on NSAIDs. Professor Inman said that other areas of bias in reporting through yellow cards included the increased prescribing of new agents in difficult cases. Background mortality in the age

groups being treated, and from the disease itself, also had to be considered. New drugs were also more likely to be reported than established treatments.

Professor Inman also attacked the Press for its "scare" stories. "You must give comparisons of risk, with things people understand," he said. "Giving figures in deaths per million per year, a matador would be 17,000, a 20-a-day smoker 5,000, taking a 600mg a day dose of Opren would be 40. Compared to that the risk of Zomax anaphylaxis is around 0.5."

Professor Inman said that of the major drugs withdrawn over the past few years, Osmosin was the only one he thought to be a correct decision in the light of evidence from PEM. "Many patients have told me they could have put up with the photosensitivity of benoxaprofen," he said. And he greatly regretted the banning of zomepirac, which was not only anti-inflammatory but had unique analgesic activity in metastatic bone pain.

■ The Committee on Safety of Medicines has received some 2,440 reports of suspected adverse reactions to Feldene. The Health Minister has been advised there is nothing to add to the BNF prescribing information.

Drug monitoring under review

Minister for Health Barney Hayhoe is considering changes in the system for reporting adverse drug reactions.

He is expected to make an announcement within the next few weeks on the Government's reply to a report by an expert committee from the Committee on Safety of Medicines set up to make recommendations to improve the system.

Mr Hayhoe is reported to be concerned that the yellow card scheme is returning no more than 10 per cent of adverse reactions to drugs.

A Department of Health spokesman said: "This is quite a poor record and is something that should obviously be looked at. Improvements would be welcome."

■ The review committee on the limited list met last week, but no details of the meeting have been released.

Babymilk risk with aluminium?

A feature on the toxic effects of aluminium in infants which appeared on BBC TV's "Tomorrow's World" last week has annoyed infant milk manufacturers Wyeth. The feature follows a letter in the *Lancet* (January 18).

The piece was misleading and could give rise to concern among parents whose babies are on formula feeds. This is unfortunate as infants with normal kidney function should have no trouble with aluminium toxicity, says Wyeth's medical director Maurice Cohen. The company is also irritated because, of the infant products pictured, only Wyeth's were recognisable by name.

The authors of a letter in the *Lancet* say they found significant aluminium contamination in milk formulae and water used in paediatric practice, which leads them to suggest aluminium loading in infants may be excessive.

Maxidex recall

Contaminated samples have been found of Maxidex 5ml eye drops Batch 84 K 27. Alcon Laboratories ask pharmacists to examine all stock and return any of the above batch directly, for replacement and postage refund, to Alcon Laboratories (UK) Ltd, Imperial Way, Watford, Herts.

PSNI 're-assured' on free movement

The Council of the Pharmaceutical Society of Northern Ireland has been re-assured over the recent EEC Directives on mutual recognition and freedom of movement of pharmacists.

The permanent secretary at the DHSS assured the Council that full consultation would take place on any proposals to give effect to the Directives in Northern Ireland.

A provisional programme for a management course to be held in the Society's House from May 22-25 by Dr T.G. Booth and Dr I.F. Jones of the University of Bradford was approved by the Council at its January meeting.

On the motion of Miss Watson, seconded by Mr Napier the following applications for registration as students were approved:

Catherine Rose O'Neill, 32 Hampton Park, Belfast; Michael Francis Guerin, 9 Whinney Heights, Saintfield Road, Belfast; Paul Gerard Campbell, 461 Springfield Road, Belfast; Caroline Margaret Geary, 20 Castlehill Road, Belfast; Arthur Kevin Kelly, Ard na Mona, 62 Dublin Road, Omagh; and Carmel Ursula McCann, 134 Curr Road, Beragh, Omagh; Connors Chemists Ltd and Mr N.W. Bell were approved as preregistration tutors.

The president reported on a recent frank and informative meeting between Council and the Association of District Committees. Matters discussed included the Approved List, homeopathic drugs, the new contract, rota services and the labelling of prescriptions.

The honorary treasurer Mr G.E. McIlhagger reported on the annual account of the Northern Ireland Chemists Benevolent Fund. The President's Appeal raised a total of £4,338 which, together with the interest on investments, was adequate to cover the grants awarded of £5,390. The Treasurer, in thanking the members for their continued support, emphasised the importance of the President's Appeal and suggested members should consider donating a minimum of £10 annually.

The Education Committee will meet in early February to consider the replies to the recent circular advising members of the proposed June Conference at the Ballygally Castle Hotel.

The President's Dinner will be held in the Culloden Hotel, Cultra, on Wednesday March 19, 1986. As this will also mark the 60th Anniversary of the Society it is hoped that a large number of members will attend.

Details will be published later.

Chemist & Druggist 1 February 1986

Poetic licence to import

I can't say that I am all that thrilled to see the handy listing of parallel import Product Licences granted to various importers for various products, in last week's C&D. It will be infinitely more useful to would-be purchasers, than the non-informative DHSS list but could be seen as a positive encouragement to get cracking and buy.

Up till now many of us in smaller businesses have avoided PIs like the plague for reasons which seemed sound to us. Product liability for one, continuity of stock, variations in pack, and language, and the purely emotional things like imagining it might depress UK manufacture and so lose UK jobs, UK exports, UK profits and potential prosperity. All this in addition to such purchases positively crying out for a Government-assessed clawback of disastrous proportions.

I don't know what to do. I have never bought PIs. And I can prove it if necessary. But in the inexplicable absence of any Government action or directive, coupled with the comparatively widespread licencing evidenced by the published lists, it looks to me as though the Government is tacitly encouraging the use of PIs. It looks as though they *want* us to buy, but are too mealy-mouthed to say so. The ludicrous method they adopted previously to "contain" the profits deserved to founder.

Two-faced policies on pricing, with an avowed policy of open market forces setting prices is a recipe for chaos when you are dealing with markets dependent on currency values not pegged to the European monetary control system. How are we, as contractors, in one-man businesses, with most of our time spent talking to patients, advising them on how to use their drugs, etc, to cope with international forces like this? On a contractual basis, with no DHSS guidelines, it is not only quite beyond me, but it is grossly unfair. If the DHSS wants lower prices it should go to the manufacturers and negotiate one-year contracts. Then we would know where we stood and so would they. One thing is certain, will the present anarchy manufacturers who don't see a good enough return for their investment will depart, taking their money, and jobs and overseas earnings with them.

In the meantime, I shall have to decide what I am to do. Do I cash in on all the discounts and cut prices to offset any possible future clawback, or do I soldier

on, with the long-term stability I hope for as the ultimate reward? Going on past records it looks as though the second, preferable choice, is doomed to failure.

For heaven's sake, PSNC, come out boldly and tell me what to do! Say clearly that if I continue to support my wholesalers, and regular English generic suppliers, you will ensure that abstainers like me don't get clobbered.

Aluminised

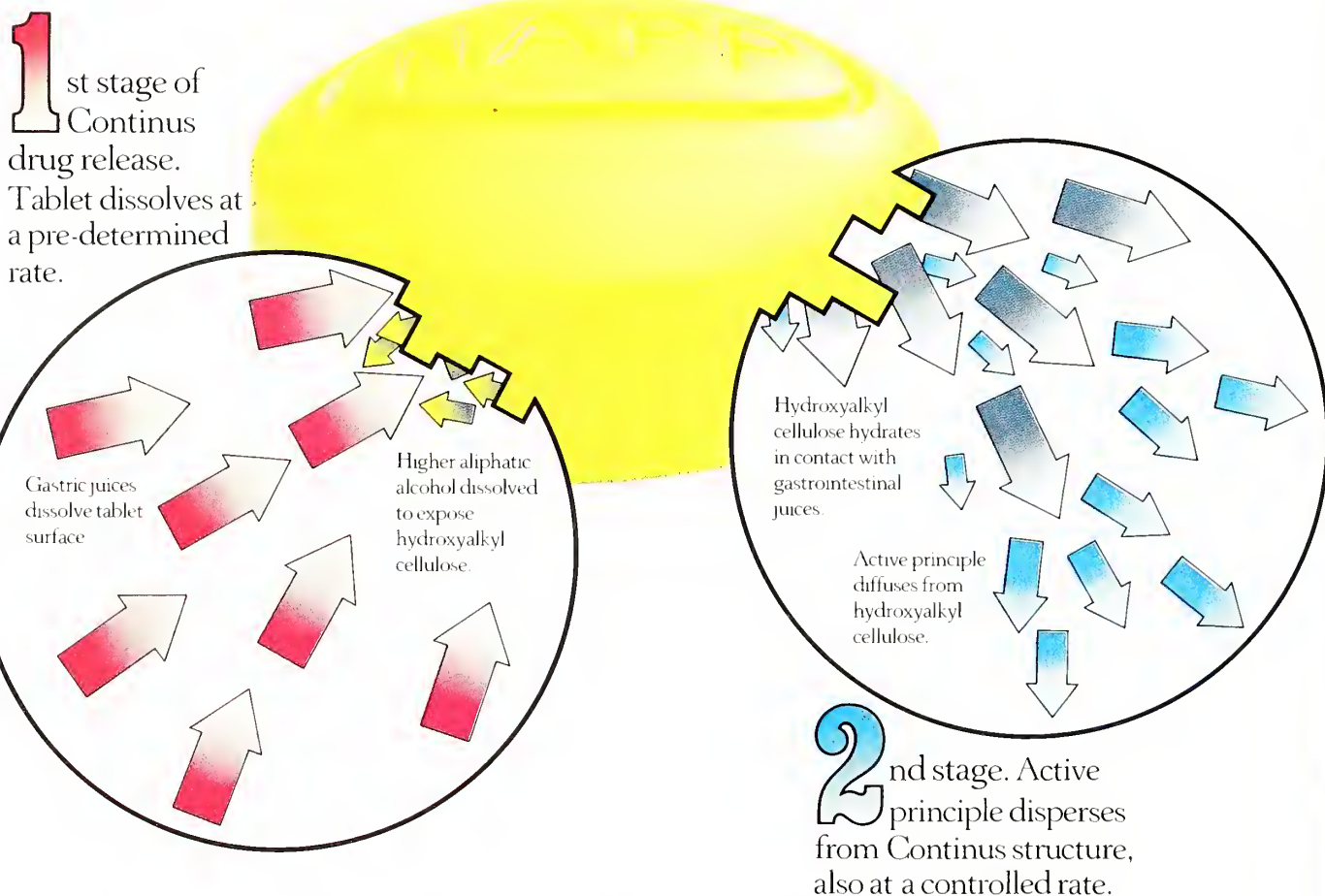
I was watching television the other night. I don't often have the time or inclination, but I felt lazy and turned to easy entertainment for a change. I was interested to see a programme dealing with the toxic effects of excess aluminium in the diet of infants, which causes serious problems (see p172). It was shown that in some areas the water supply has high concentrations of aluminium as have also several baby foods. The combination is recognised as being a factor which could be lethal. Manufacturers were being asked about their products. In premature babies, in particular, the body does not have the developed capacity to deal with excesses of the metal.

It has been my experience that some people in the community appear to have a reduced capacity to deal with it in adult life as well. Thirty years ago a friend of mine, who had suffered colitis so badly that he was forced to give up work, had a partial bowel resection and was faced with a life of chronic suffering. He was persuaded, as an act of irresponsible wantonness, to buy a set of stainless steel saucepans and to discard all his old aluminium ones. Unbelievably, within a month, his colitis had miraculously gone into remission. Feeling so much better, he went out to a restaurant with some friends for a celebratory meal. Next day he was ill once again. So he went back to the restaurant to see how they had cooked the meal, only to discover they used aluminium utensils. It appears that, so sensitive is he to the ions, that merely cooking in such metal is enough to trigger off a response.

Since that time I have talked with many colitis patients about this. In something like 25 per cent of those people there has been a marked improvement when they took steps to avoid aluminium, except for occasions where their tolerance dose was exceeded in some way. You don't give them Aludrox, for example!

It would be worthwhile for a study to be set up under proper control conditions to confirm this observation, unless, of course, what I have noted is old hat and known to all?

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Continus tablets and Uniphyllin Continus tablets. Its reliability permitted the introduction of 12-hour morphine sulphate tablets for the control of severe cancer pain described by The Times Science Report as 'the most important step forward in drug control of pain since morphine itself.'

The company has now relaunched Comploment[®] B₆ Continus[®] Tablets, the first ever Continus controlled release product to be made available to consumers OTC.

For the hard pressed woman of today the benefits of Comploment B₆ Continus Tablets are simple, but vital. They provide the total simplicity and convenience of once a day dosing – precisely what she needs at times of excessive stress.

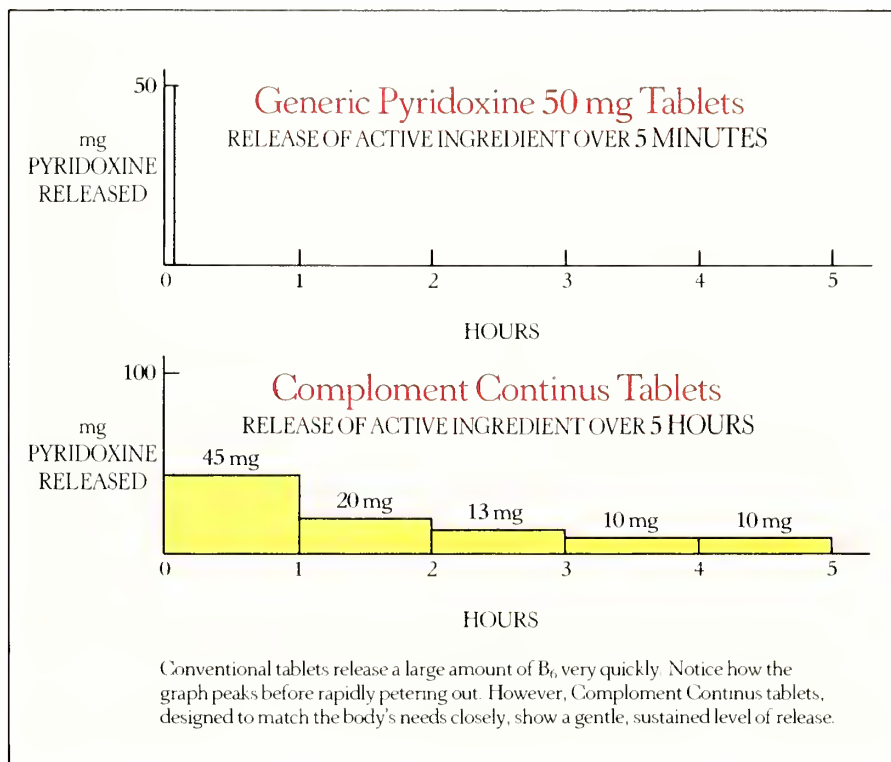
Continus[®] Tablets more than slow release...

With Comploment B₆ Continus Tablets gone is the need for daily dosing with two or even three conventional tablets to counteract loss through excretion of this water-soluble vitamin. Just one Comploment B₆ Continus Tablet gradually releases a woman's daily needs at a rate that closely matches her body's take-up, so there is maximum utilisation of B₆ and minimum wastage.

Greatly enhanced is patient compliance. Simply because there's only one Comploment B₆ Continus Tablet to remember each day.

Properly followed, the self-checking calendar pack clearly indicates what the user has already taken, and Comploment B₆ Continus Tablets dissolve evenly, independent of pH variations. Comploment B₆ Continus Tablets are quite simply the modern B₆ for the modern woman.

Surprisingly, the price per day of all this technology is little



different to that of other leading brands. And for the modern pharmacist the level of profitability is higher.

To reinforce this message we'll soon be undertaking a major consumer and point-of sale advertising campaign. Make sure you're prepared by ordering stocks today.



Comploment[®] B₆ Continus[®] Tablets

Controlled release technology - in a calendar pack



Further information is available from
Napp Laboratories Limited, The Science Park, Cambridge CB4 4GW
Member of NAPP Pharmaceutical Group.

*Comploment and Continus are Registered Trade Marks. ©Napp Laboratories Limited 1983



Cussons break into babycare

Cussons are making a major move to broaden their coverage of the toiletries market with the national launch of a seven strong range of baby care products. Using its established base in soaps and talcs particularly, the company says it aims to provide stiff competition to the old-established leader, Johnson & Johnson, by giving a well-promoted brand name alternative.

The Cussons baby range comprises baby soap (100g, £0.31), baby bath (200ml, £0.72), baby powder (100g, £0.49, 200g £0.73, 400g £1.09), baby wipes (70 £1.29) and zinc and castor oil cream BP (250g £1.25). Each product is mildly

perfumed and packaged in white containers with a pink and blue motif.

Response to early previews of the products has been enthusiastic, says Cussons sales and marketing director, Colin Hession. "The range has been welcomed with open arms — a combination of the market's importance and the need for a greater choice on-shelf. We have rarely seen such positive response at this stage of a new brand before."

Cussons are spending £250,000 to accelerate initial distribution and purchase, with advertising in the most prominent mother and baby publications. A year-long offer will also stimulate trial sales, with four proofs of purchase being redeemable against a £1 saving on any brand of disposable nappies.

Point-of-sale material includes a merchandising unit, designed to make maximum use of minimum space, and holding an informative leaflet for mothers. Colin Hession believes that the Cussons range will add new interest to the £62m baby care market and will contribute to growth over the coming year. *Cussons (UK) Ltd, Kersal Vale, Manchester M7 0GL.*

KC's cash-back flashed products

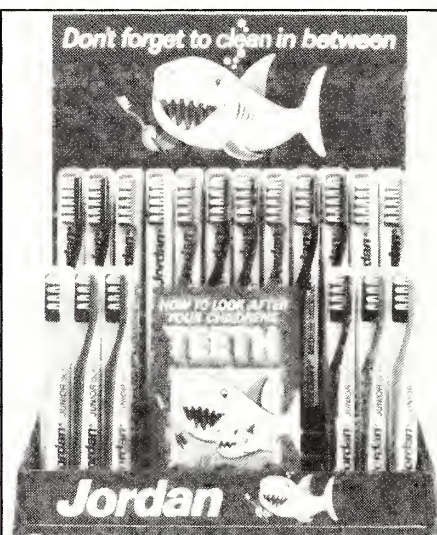
Kimberly-Clark are supporting Kleenex tissue brands with their biggest ever money back promotion.

The specially-flashed packs of Kleenex for Men, Super 3, Boutique, Regular 150s and Travel tissues will be available from mid-February until October. Purchasers can send away for cheques for £1 (with five tear-out strips including two from flashed packs), for £2.50 (eight strips, four from flashed packs) or for £5 (twelve strips, six from flashed packs). *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*

Football crazy

A new scheme rating individual football players has been developed by Wilkinson Sword in association with Jimmy Hill.

The scheme will be used to assess team members competing in the World Cup in Mexico this year, and there are plans to extend it to all matches in the First Division next season. The "Profile" system has been endorsed by the Football League and the Professional Footballers Association. *Wilkinson Sword Ltd, Sword House, High Wycombe, Bucks.*



In the run-up to their £650,000 national advertising campaign in May for V-tuft toothbrushes, Jordan are introducing a pre-filled display unit. The merchandiser, featuring the Jordan shark, contains 12 V-tuft hard and soft, and 24 V-tuft medium and junior brushes. And colourful leaflets in the merchandiser on "How to look after your children's teeth" carry "20p off next purchase" coupons. The leaflets give advice and useful tips on dental care to parents. *Alberto-Culver Co, Houndsmill Industrial Estate, Telford Road, Basingstoke, Hants RG21 2YX.*

More Braun for stylish women

Braun are introducing a new model into their range of Braun Independent butane gas powered stylers. The Braun Independent Combi (GC40, £16.95), incorporates a tong and clip-on brush.

Helen Pearce, personal care product manager at Braun, comments "The new GC40 is the multi featured model, designed for the fashionable woman." *Braun Electric (UK) Ltd, Dolphin Estate, Windmill Road, Sunbury-on-Thames, Middlesex.*

Evolution of a new range...

Guerlain have brought out a new range of skin care products called Evolution. The seven-product range, which uses an activator the company calls 'revitenol', includes complete cleanser for face and eyes, containing phospholids, (£14.50). A refreshing tonic vitale retails at £14.50, and for daytime use is fundamental protection no 1 (emulsion, £17) and 2 (creme, £20). Also included are optimum care 1 (emulsion, £25) and 2 (creme, £30). An intensive extract with revitenol (£35) is designed for use with an emulsion or creme.

Advertising for the range will appear in the March/April editions of *Elle* and *Sunday Times*, and the April/May issues of *Cosmopolitan*, *Options*, *Woman's Journal*, *Vogue*, *Good Housekeeping* and *Harpers & Queen* with a second burst in October. *Guerlain Ltd, 22 Aintree Road, Perivale, Greenford, Middlesex.*

...and new Guerlain shades

Guerlain are introducing new colours for eyes, lips and nails for Spring and Summer 1986.

The "Fantasque" look is green and red eyeshadow; green and black eye pencils and auburn mascara, with velvet red for lips and canyon for cheeks. For the "Romantique" look Guerlain have introduced mauve eyeshadow duet, violet mascara, rose charme lipstick and parme lipliner and camargue rouge.

Guerlain are also introducing a new powder eye-shadow duo — Opera (£10), with silver and gold shades. *Guerlain Ltd, 22 Aintree Road, Perivale, Middlesex.*



Elida Gibbs make it big

Elida Gibbs are introducing a 400ml family size of Timotei shampoo and supporting the range with a £4.4m television and Press campaign.

"It is brand leader in the cosmetic sector of the shampoo market and has a 7 per cent share of the overall market. Timotei buyers are heavy users of shampoo — three quarters wash their hair twice a week or more against the national average of just over half, so we are confident that the larger size will be much appreciated by them," says product group manager, Sibylla Tindale.

Coinciding with the introduction of the new 400ml size, Elida are supporting the brand with a send-in offer. A Timotei blouse will be available to consumers for £3.99 plus two proofs of purchase or £2.99 plus six proofs of purchase. It will be promoted on pack during February and March and the offer closes on October 31. The 200ml pack will carry one proof of purchase and the 400ml, two.

The first burst of national television advertising, worth £1m, will coincide with the introduction of the new pack. It will run from mid-February for five weeks. *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

Towelling push

Fort Sterling are supporting the launch of their Nouvelle kitchen towel range with a £300,000 consumer advertising campaign and a two million door to door coupon drop, offering 10p off next purchase. *Fort Sterling, Mansell Way, Horwich, Bolton, Lancs BL6 6JL.*

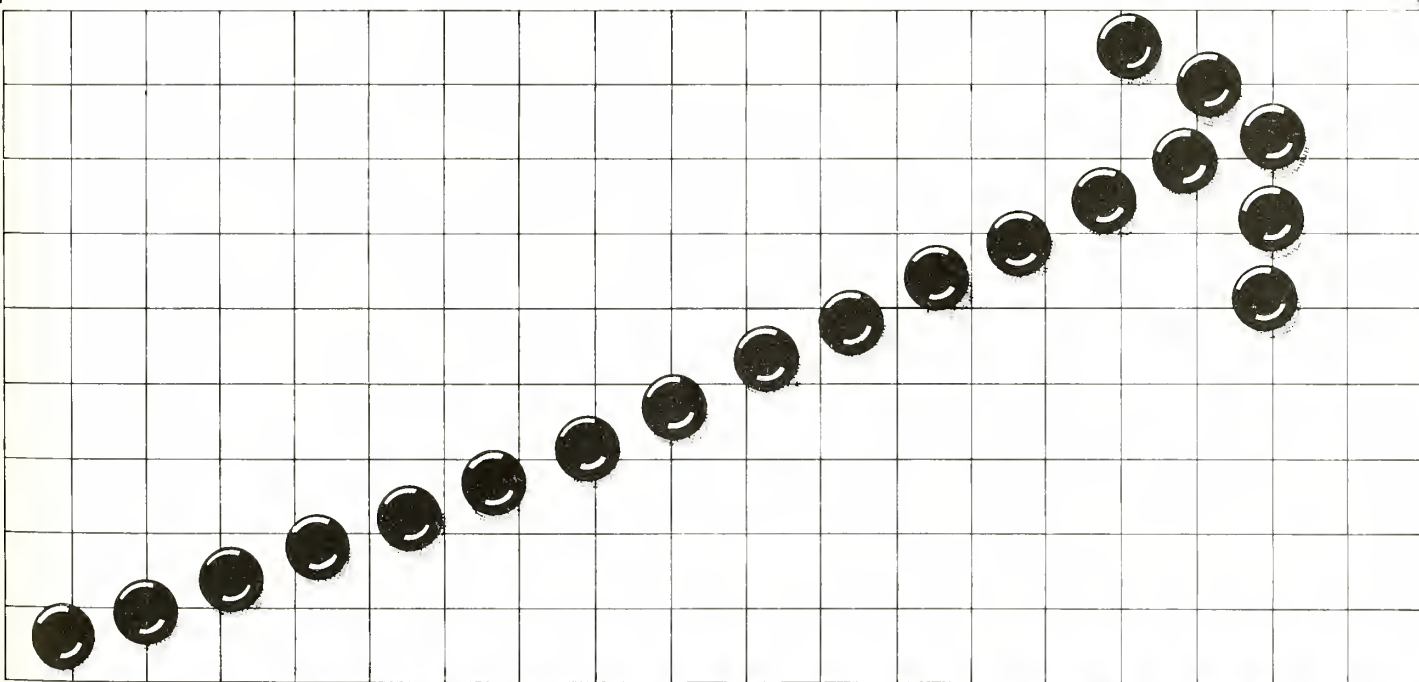
Hanimex's Hama

Hanimex are to act as sole importer/distributor for the Hama photographic accessory range.

The range comprises over 4,000 products, ranging from blower brushes to drying stands and darkroom accessories. All of the items are illustrated and described in the Hama guide to accessories which forms the springboard for the launch promotion campaign. A full-colour dictionary-sized book is packed with helpful advice, hints and tips on choosing product.

Hanimex plan to offer the book through retailers at a less-than-cost price with a special launch promotion operated through photo dealers.

Advertising starts in March and will feature colour and black and white advertising in the photographic Press backed by POS material, in-store promotions and dealer incentives. *Hanimex (UK) Ltd, Hanimex House, Dorcan, Swindon SN3 5HW.*



THE STORMING OF THE PASTILLE.

How do you sell a throat pastille to the man in the street?

Tell him it's made for professionals.

That simple advertising message, consistently displayed in the national press, has seen Vocalzone Throat Pastilles enjoy an enormous growth in sales.

Vocalzones act as an astringent on overworked vocal-chords, returning clarity to the voice after excessive speaking, smoking or tiredness.

That's why Vocalzone is the throat pastille that sells all year round.

VOCALZONES · UNIQUE · ADVERTISED · FULL MARGIN · LICENCED FORMULA

For details contact your representative, or call (0283) 221616, or write to Vocalzones.

Thos Guest & Co. Ltd., Swains Park Industrial Estate, Overseal, Burton-on-Trent, Staffordshire DE12 6J1



The professional requisite for actors, singers and public speakers.

Men pick up fragrance scent

The disposable razor has led to a lively wet razor market in recent years. And shaving cream has increased market value with the growing popularity of the aerosol, say Market Assessment publications in their report on male toiletries.

Traditional, double-edged razors are hardest hit by the disposables — now accounting for 63 per cent of the market (at 1985 estimates). The UK retail market for wet razors, though fairly static, was valued at £46m in 1984 and about £47m for 1985. Systems razors — with a separate cartridge for blades — have, so far, managed to withstand the challenge, probably due to their convenience.

The overall deodorant market was put at £88m (rsp) in 1984. Of this, 20 per cent was attributed to male-orientated products. Manufacturers seized on apparent male reluctance to use deodorants, and introduced the solid stick variant in 1984 — with the first male deodorant body spray introduced in 1985 by Elida Gibbs. Market Assessment believe that if manufacturers establish a special sector for male deodorants, demand will grow at a far greater rate.

Generally, the British male remains adverse to wearing lotions and colognes, believing them to be unmanly. The overall market was valued at £103.2m at rsp in 1984 and, Market Assessment believes that usage will continue to increase, although growth will far from dramatic. *Product Group Report number 857 (£165), Market Assessment Publications, 2 Duncan Terrace, London N1 8BZ.*

Hair today...

Suntec holiday hair care is a new range from ABC Haircare — shampoo, conditioner and after sun "hair repair".

The frequent wash shampoo contains coconut oil, jojoba oil and aloe vera, and retails at £2.50 for a 200ml bottle. Sunscreen conditioner is designed to give

Woman's Journal, Cosmopolitan, Vogue and Good Housekeeping.

The campaign will use the same supplement format established with the pre-Christmas campaign and will again feature Femme, Madame Rochas, Mystere de Rochas and Lumiere. *Rochas Perfumes Ltd, 28 Chase Road, London NW10 6QN.*

Vital addition

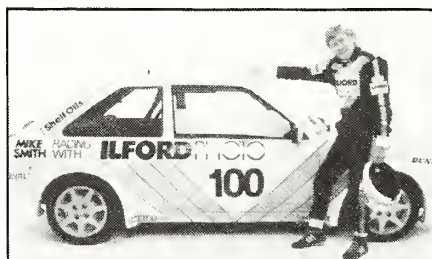
Clarins have introduced a revitalizing tinted moisturiser to their skin care range, to give skin care treatment combined with a tinted day cream. The moisturiser includes lipophilic cell extracts, rice oil, shea butter and UVA/UVB filters. Designed for all skin types, revitalizing tinted moisturiser is available in four shades: clair, doré, ambré and bronzé. *Clarins (UK) Ltd, Metro House, 58 St James's Street, London SW1A 1LD.*

Spring romance

Romantic Lace is the name of Yardley's new collection of colours for Spring. Lipsticks, nail enamels, blushers and eyeshadows feature colours such as pink lace, sweet cerise and blue romance. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex.*

Repacked PTB

Naturelle's PTB range for permed, tinted or bleached hair has been repackaged in new modular design bottles (250ml) with caps suitable for holding one measured application. *Naturelle Ltd, Thornford Road, Headley, Newbury, Berkshire.*



Ilford are to continue racing the Ford Escort RS 1600 turbo in the Uniroyal Tyres Production Saloon Car Championship. The car has a new livery for the 1986 season and again will be driven by BBC TV presenter Mike Smith. Ilford have this week launched Multigrade FB paper, combining variable contrast emulsion with a conventional fibre base. *Ilford Photo Co, 14 Tottenham Street, London W1AP 0AH.*

Good sports!

Fuji are to continue sponsoring sports events internationally throughout 1986.

In February and March Fuji will feature in the World Cup Bob Sledge Races being held in West Germany, and also, between February and April, in the World and European Ice Hockey Championships, due to take place in Spain, Holland and Moscow.

The company will be one of the main sponsors for the World Cup Footballs Games in Mexico and '86 Americas Cup Yacht Race. *Fujimex, Hanimex House, Dorcan, Swindon SN3 5UW.*

National squash from Roche

Roche are launching the Redoxon mens' national squash championships, open to entrants from all over the UK and featuring an over 35 category.

When the tournament reaches its final stages, the Redoxon professional trophy will be introduced featuring ten of the world's top professionals who will compete for a prize fund of over £5,000. The professionals will visit five provincial club venues in a bid to reach the grand finals to be played at the end of April. *Roche Products Ltd, PO Box 8, Broadwater Road, Welwyn Garden City, Herts.*

TCP on TV

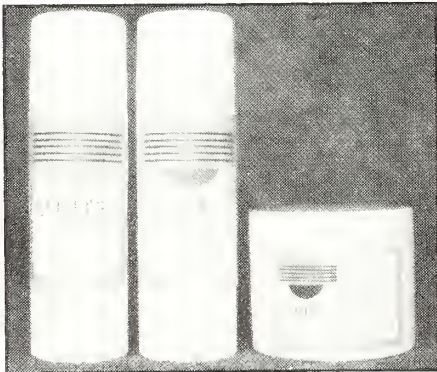
Chemist Brokers are launching a £0.5m national Press and television campaign for TCP pastilles, starting this week and running until the end of February.

The 10-second commercial will be screened in the London, HTV and TSW areas. *Chemist Brokers, Division of Food Brokers Ltd, Milburn, 3 Copsem Lane, Esher, Surrey KT10 9EP.*

Rochas 1986 perfume push

Rochas Perfumes will continue to support their women's fragrances in 1986, with the inclusion of Eau de Rochas.

A budget of £200,000 has been allocated for the first-half of the year and the advertisements will appear in the April issues of *Company, Options, Harper's,*



protection from the sun and also retails at £2.50 (200ml). And the after sun hair repair (£3.25) remoisturizes hair say ABC. A 5 per cent discount is offered for payment within 30 days. *ABC Haircare, 63 Heath Street, Hampstead, London NW3.*

BEECHAM PROPRIETARIES

Prices effective from 3rd March 1986.

Product Description	Sales Status	Retail Price per Unit Incl. VAT	Units per Case	Standard Wholesale Price Per Case Excl. VAT	Product Description	Sales Status	Retail Price per Unit Incl. VAT	Units per Case	Standard Wholesale Price Per Case Excl. VAT
		Pence		£			Pence		£
ASHTON & PARSONS					GERMOLENE				
Infants Powders (20 Sachets)	GSL	78	6	3.11	Ointment (Tube 27g)	GSL	72	12	5.74
BEECHAM'S PILLS					Medicated Foot Spray (120g)	GSL	123	6	4.90
Standard (50 Pills)	GSL	85	12	6.78	New Skin (13ml)	-	94	6	3.75
Large (135 Pills)	GSL	147	6	5.86					
Envelope	GSL	26	24	4.15	IRON JELLOIDS				
BEECHAM'S POWDERS					Standard (75 Tablets)	P	165	6	6.58
Standard (8 Sachet)	GSL	83	24	13.24	Large (160 Tablets)	P	268	3	5.34
Large (20 Sachet)	P	142	6	5.66					
Single Sachet	GSL	14	60	5.58	MACLOZENGES				
Tablets Standard (18 Tabs.)	GSL	94	12	7.49	Medicated/Honey/Lem./Blackcurrant				
Tablets Large (36 Tabs.)	P	130	6	5.18	Tube	GSL	25	36	5.98
Mentholated Standard	GSL	83	12	6.62	Carton	GSL	56	24	8.93
Capsules (10)	GSL	86	12	6.86	Mac Extra	GSL	91	12	7.25
Capsules (20)	GSL	143	12	11.40					
CEPHOS					NIGHTNURSE				
Standard (8 Powders)	GSL	83	12	6.62	Liquid (160ml)	P	213	6	8.49
Tablets (16 Tablets)	GSL	83	12	6.62	Capsules (10)	P	138	12	11.00
DAYNURSE									
Liquid (160ml)	P	213	6	8.49	PHOSFERINE				
Capsules (20)	P	186	12	14.83	Liquid large (25.8ml)	GSL	145	6	5.78
DINNEFORD'S									
Magnesia Gripe Mixture (125ml)	GSL	92	12	7.33	PHYLOSAN				
					Standard (50 Tablets)	GSL	123	6	4.90
DIOCALM					Medium (100 Tablets)	GSL	200	4	5.31
Standard (20 Tablets)	PCD1	145	12	11.56	Large (200 Tablets)	GSL	332	1	2.21
Family (40 Tablets)	PCD1	230	6	9.17					
ELLIMAN'S EMBROCATION					RALGEX				
Standard (70ml)	GSL	90	12	7.17	Cream	GSL	88	12	7.02
Large (110ml)	GSL	123	12	9.81	Stick	GSL	106	12	8.45
ENO 'FRUIT SALT'									
Sachet (10 Sachet)	GSL	88	12	7.02	SCOTT'S EMULSION				
Standard (109g)	GSL	118	6	4.70	Medium (200 ml)	P	197	6	7.85
Large (218g)	GSL	193	6	7.69	Large (500ml)	GSL	430	6	17.14
ENO LEMON FLAVOURED					STEEDMANS Teething Jelly	P	102	12	8.13
Sachet (10 sachet)	GSL	88	12	7.02					
Standard (109g)	GSL	118	6	4.70	SUCRETS (24 Lozenges)	GSL	99	12	7.89
FYNNON SALT									
(200g)	GSL	92	12	7.33	VENO'S				
FYNNON CALCIUM ASPIRIN					Expectorant/Honey Lemon/Adult Formula				
Standard (24 Tablets)	P	97	12	7.73	Standard (100ml)	GSL	127	12	10.12
Large (48 Tablets)	P	155	6	6.18	Large (160ml)	GSL	169	6	6.74
					YEAST-VITE				
					Standard (20 Tablets)	GSL	86	12	6.86
					Large (50 Tablets)	GSL	153	6	6.10
					Economy (100 Tablets)	GSL	268	6	10.68

All prices marked PCD1 or P or GSL are Resale Price Maintained

All case forms subject to the addition of Value Added Tax.

P: Sale is restricted to persons lawfully conducting a Retail Pharmacy business or to holders of a Wholesalers Dealer's Licence (Medicines Act, 1968) for sale to the lawful conductor of a retail pharmacy business.

PCD1: As P above except that wholesalers must also be registered under Schedule 1 of the Misuse of Drugs Regulations, 1973.

GSL: Medicines for General Sale. Wholesalers must hold a Wholesale Dealer's Licence (Medicines Act, 1968).

BEECHAM PROPRIETARIES

BEECHAM HOUSE · BRENTFORD · MIDDLESEX TW8 9BD · TELEPHONE: 01-560 5151

Delrosa: new life at forty

Delrosa is celebrating its fortieth birthday with a relaunch in four new flavours and a reformulation.

New Delrosa will be sold in from next week as the "first pure concentrated baby drink with no added sugar, artificial sweeteners, colouring or flavourings." The old flavours are being replaced by apple and cherry, apple and orange, apple and blackcurrant and apple (170ml £0.87, 340ml £1.69, 510ml £2.19).

The apple is being used as a base, and it is the second flavour that is dominant, says brand manager Peter Russell. All the products contain rosehip for added vitamin C. The traditional shaped bottle is retained but the label is flashed to show the product is new and gives instruction for use according to the age and dietary needs of the baby.

A £650,000 advertising budget supports the relaunch, with £500,000 being spent on a national television campaign running throughout April, and £50,000 on a Press advertising campaign in mother and baby magazines and health visitors journals. A continuous presence from April to October is planned.

The concentrate baby drinks market was worth £7.3m last year (RSGB baby panel). Sterling Health claim Delrosa accounted for more than 50 per cent of purchases.

Peter Russell admits the brand's "rebirth" was prompted by the increasing competition from pure juices and unwelcome publicity over the sugar content on BBC TV's "That's Life," but he feels the reformulation brings Delrosa up to date with current health and diet trends.

The relaunch will be supported in-store with shelf-edgers, till and window stickers and a consumer leaflet with dispenser giving product information. *Sterling Health, 1 Onslow Street, Guildford, Surrey GU1 4YS.*

Complex digest

Roussel have established the Complex Indigestion Information Service run as part of their 1986 public relations campaign. It will provide sufferers of "complex" indigestion with information about the problem and the opportunity to obtain a sample of Altacite Plus.

Enquiries should be addressed to Kate Winskill at the Complex Indigestion Information Service, 25 North Row, London W1R 2BY (tel 01 499 4442), enclosing a stamped addressed envelope for a reply. Roussel say the service will also act as a platform for the launch of various below-the-line activities for Altacite Plus during 1986. *Roussel Laboratories Ltd, Broadwater Park, North Orbital Road, Denham, Uxbridge, Middx.*

Slim sell-in

Vedax Slim meal replacements, which have been available in Scotland for a year — are now to be sold nationally.

The diet package — 18 meals and mineral and vitamin tablets (£13.50) — has been modified for a region by region launch.

Advertisements in regional papers will carry a "nourish yourself to slimness" message and a radio advertising campaign is planned. *Pharmagen Ltd, Church Road, Perry Barr, Birmingham B42 2LD.*



Healthcrafts are expanding their introductory range of vitamins with Junior ADC tablets, suitable for children over the age of three. They will be available from February 24. Each Junior ADC tablet (30 £0.89) provides 2500iu vitamin A, 30mg vitamin C and 250iu vitamin D, for a once a day dosage. They are pink and chewable and have a strawberry flavour. They are packed to complement the other products in the range. The tablets are free from synthetic colour and artificial flavourings and are also gluten and preservative free, say *Booker Health Products, Healthways House, Station Approach, Byfleet*

General Design have appointed Farillon as distributors for their Ener-G brown bread. *Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

Myplan's 'milk bar' aid

Lactaid is a preparation of lactase, derived from yeast, which is said to be of help to those who are lactose intolerant. The product is widely sold throughout the USA where it is fully approved medically, say UK marketers Myplan.

Two or three drops of the solution are added to a pint of milk and left for 24 hours, while the lactose is converted to glucose and galactose. Each drop contains not less than 1,000 neutral lactase units of beta-D-galactosidase. Lactaid drops are available in a trial pack which treats six pints of milk (£1.49) and a standard pack, sufficient for 20 pints (£3.40).

Diabetics should be aware that the milk sugar is metabolically available after using Lactaid, and galactosemics may not have milk in any form, lactose modified or not. *Myplan Ltd, Old Birchen, Castle Frome, Ledbury, Herefordshire HR8 1HG.*

Up a gum tree

The formulation of Nucross medicated pastilles has been changed to contain crystal gum, due to a shortage of gum arabic. This has resulted in a price decrease on the menthol & eucalyptus, blackcurrant & glycerine, bronchial catarrh and Gees linctus pastilles to £0.62. *Independent Chemists Marketing Ltd, 51 Boreham Road, Warminster, Wilts.*

Launch at Seas

Seven Seas are launching a new range of OTC herbal remedies through pharmacies. They are backache tablets, nerve tablets and rheumatic pain tablets (60 £1.99), catarrh tablets and restful night tablets (60 £1.89), laxative tablets (60 £1.59), and feverfew tablets (30 £1.89). *Seven Seas Health Care Ltd, Marfleet, Kingston-upon-Hull HU9 5NJ.*

Added caps

Vitabiotics have introduced Premence-28 capsules (30 £2.95) to their range.

Each capsule contains vitamin B1 12mg, niacin 36mg, vitamin C 60mg, vitamin A 3,000iu, vitamin B12 5 micrograms, folic acid 300 micrograms, vitamin B6 45mg, vitamin E 30mg, iron 15mg, iodine 100 micrograms, zinc 10mg and magnesium 60mg. *Vitabiotics Ltd, Vitabiotics House, 122 Mount Pleasant Wembley, Middx.*

Chemist & Druggist 1 February 1986

Kwells. If lifeboatmen trust them, so can you.



* Kwells: trusted by lifeboatmen

The RNLI prefer Kwells as the most effective tablets to relieve motion sickness,⁽¹⁾ in the roughest of rides. So you can confidently recommend Kwells even for the worst journeys by land, sea or air.

* Fast-acting

Kwells melt in the mouth for fast effect. Because hyoscine is absorbed through the buccal mucosa,⁽²⁾ it is taken directly into the bloodstream, avoiding the gastro-intestinal tract and first pass metabolism in the liver. Buccal absorption helps those people taking Kwells as a treatment, since a swallowed tablet may be lost if vomiting occurs. This means Kwells take effect within 20-30 minutes – making them ideal to be given to children just before travelling or when the first symptoms of travel sickness strike.

* Long-lasting

A single dose of Kwells lasts for up to 6 hours. Covering the timespan for any normal journey. Of course for very long journeys, repeat-dosing provides the extra cover needed.

* Clinically proven

Hyoscine is the most effective prophylactic agent for short (4-6 hours) exposure to severe motion, and probably for periods of up to several days.⁽³⁾ When Kwells are taken at the recommended dose frequency the level of side-effects is negligible. A clinical trial run over 24 hours at sea has shown that the level of side effects of 0.3mg hyoscine was slight and did not disturb the operating ability of the volunteers.⁽⁴⁾

* References

1. RNLI, First Aid for Lifeboat Crews, Fourth Edition. Compiled by the RNLI Medical and Survival Committee 1982 (current edition).
2. Prof. N. Weiner P137 Goodman & Gilman's – The Pharmacological Basis of Therapeutics. Seventh Edition, 1985.
3. Prof. N. Weiner P143 Goodman & Gilman's – The Pharmacological Basis of Therapeutics. Seventh Edition, 1985.
4. Tokola. O et al Drug Treatment of Motion Sickness. Aviat Space Environ Med 55(7):636-41 1984.



Beecham pump up their range

Beecham Toiletries are extending Macleans and Aquafresh 3 and supporting each brand with a £500,000 advertising campaign on national television in addition to mainstream advertising.

Both brands will be available in a 100ml pump retailing at around £0.85. The pump dispenses toothpaste by means of an uncomplicated vacuum system, which,



say Beecham, is easy, for even small children to trigger. It has a self-sealing, retained closure.

"Macleans and Aquafresh are already very buoyant brands within the UK toothpaste market: a market which continues to grow at around 4 per cent per annum by volume and is expected to turn over some £95m in 1986" says Beecham Toiletries general manager, Mike Fensome. With the introduction of the pumps, Beecham aim to push up the Macleans share close to market leader Colgate dental cream and boost Aquafresh 3 to take over the number three position from Crest. Beecham Proprietaries Toiletries, Beecham House, Great West Road, Brentford, Middlesex TW8 9BD.

Surf City's health hunt

Surf City Natural Fitness Foods are launching a competition to find Britain's healthiest couple of 1986, which is supported by the Health Council.

Collars with competition information and entry forms will feature on Turbo and Aerovite products. Couples wishing to enter, have to answer technical questions and complete the tie breaker on the form,

enclosing a recent picture of themselves.

The ten couples who reach the final will be put through their paces on stage in The Dome at Thorpe Park, Staines. The top prize includes £1,000 and a holiday in Lanzarote worth £1,600. *English Grains Ltd, Swains Park Industrial Estate, Park Road, Overseal, Burton-on-Trent.*

More with Maws

Unichem are expanding their sundries service with the addition of the Maws baby range and a selection of Tommee Tippee products to provide a comprehensive list of baby feeding products.

Unichem have a range of three new styles of holdalls and pouchettes available to members for Spring — two for ladies and one for men. Available in a choice of traditional or contemporary designs, the holdalls will retail between £1 to £3. *Unichem Ltd, Unichem House, Cox Lane, Chessington, Surrey.*

Cream increase

Astral moisturising cream hospital 460ml is being replaced with a 500ml pack (£3.38). *Elida Gibbs Ltd, PO Box 1DY, Portman Square, London W1A 1DY.*

Agfa focus on quiz for all

To boost D & P sales Agfa are launching a promotion called "Everyone's a winner with Agfa," which features prizes for everyone.

Consumers who take their films to participating retailers will automatically get free vouchers to spend on holidays and travel. The more films they have processed, the more vouchers they will receive. To encourage the customer into the shop is the Agfa "Name that shot" competition. Consumers have to identify famous places around the world and complete a tie-breaker. Top prize is a trip around the world for a family of four.

Retailers will have the opportunity of winning a fortnight for two in the Seychelles, if one of their customers wins the "Name that shot" competition.

Photofinishers who take part will be guests of Agfa at a VIP day at the Cheltenham festival in March, and have the opportunity to act as an owner of "Agfa Special" the company's thoroughbred racehorse and be "King for the day".

Consumer advertising is spearheaded

J&J's Empathy for TV and Press

Johnson & Johnson have launched a television campaign for Empathy shampoo.

The 30-second commercial will run for five weeks with a £1.1m national campaign with colour women's Press breaking later in the year. The advertisement features an attractive, mature woman who asserts that "if your hair looks good . . . you look good". It shows both Empathy shampoo and conditioner.

Since its launch in 1984, Empathy has captured a 2 per cent share of the UK shampoo market, say *Johnson & Johnson Ltd, Brunel Way, Slough, Berks SL1 4EA.*

Zorbit kids

All Zorbit towelling nappies are now available in the new style "Zorbit Kids" packaging, presenting retailers with a co-ordinated range for easy display purposes.

The packaging was first introduced in 1985 — with this latest development the entire baby care range is now in standardised packaging. *Ashton Bros & Co Ltd, Carrfield Mills, Hyde, Cheshire.*

with large colour spaces in *Today* in the two weeks prior to Easter, which is a peak time for picture taking, say Agfa. In the High Street, this will be supported by large, colourful window posters, door stickers and leaflet mailings all with the same theme. *Agfa-Gevaert Ltd, Great West Road, Brentford, Middlesex.*

MACKENZIES

SMELLING SALTS

Now in an attractive counter unit. Display it, and profit from the extended consumer advertising

This year the campaign will be more intense than ever before



Promotion of Mackenzies Medicated Smelling Salts through women's journals and gardening journals has always created a high demand.

Mackenzies packaging has been updated to maximise sales impact but still retains the traditional image. Bottles are in individual cartons presented in an attractive counter display unit of 12.

For our special bonus offer on Mackenzies Medicated Smelling Salts contact your local Cox representative or telephone Cox on (0271) 75001.



COX PHARMACEUTICALS

Whiddon Valley, Barnstaple, Devon EX32 8NS.

Telephone: 0271 75001

Otrivine makes your nose feel as free as the breeze.



Otrivine's host of posters

Otrivine's new national poster advertising campaign will run for eight weeks through February and March.

The posters will be placed near pharmacies in shopping areas, say Ciba, and are aimed at customers who have missed professional recommendation.

A 14 in tall merchandising unit is available from Ciba representatives. *Ciba Consumer Pharmaceuticals, Wimblesbury Road, Horsham, West Sussex RH12 4AB.*

Another soap on telly...

Cussons Pearl soap returns to the nation's television screens this month with a four week advertising campaign.

Both the natural white and oyster pink versions are featured in the campaign's 30-second commercial: an additional ten-second commercial supplements the promotion of the pink newcomer alone.

Coinciding with the advertising, Cussons plan to boost the brand with a door-to-door coupon distribution. *Cussons (UK) Ltd, Kersal Vale, Manchester M7.*

Pierre Cardin — a driving force

Pierre Cardin Pour Monsieur will feature the "Grand Prix" competition throughout February and March, to encourage trial on the 40ml aftershave lotion.

First prize is a five day holiday for two to Monaco to see the Grand Prix, plus £250 spending money each. Ten runners

up will each receive a Pierre Cardin watch, worth £99, and there are 50 consolation prizes of Pierre Cardin sports bags, worth £35 each.

The customer has to answer six questions on the entry form, complete a tie-breaker and attach the back panel of the 40ml aftershave carton as proof of purchase.

The competition is supported by a 12 unit merchandiser with header card and an entry form dispenser which holds 250 entry forms. *Parfums Pierre Cardin, Shulton House, Alexandra Court, Wokingham, Berks RG11 2SN.*

Stowaways come in tens...

Kotex Freedom Stowaway are being made available in packs of ten. To coincide with the new pack, Kimberly-Clarke are mounting an on-pack promotion offering 20p-off the price of next purchases of



either the 10 or 20s packs.

In its first year the folded wrapped towel market has grown to account for over 4 per cent of the £61m press-on towel market, with Freedom Stowaway holding a 31 per cent share in its sector — this is expected to grow with the new packs say *Kimberly-Clarke Ltd, Larkfield, Nr Maidstone, Kent.*

Eye to eye with pharmacists?

The Eye Shop are offering to help pharmacies set up a prescription spectacle counter.

The company operates as a frame wholesaler and subcontracts to glazing specialists for prescription lenses. The pharmacy is provided with a range of sample frames from which the customer selects a style. Details of the customer's prescription and chosen frame are transferred to an order form which is claimed to be infallible. On receipt of the order, the Eye Shop can supply most spectacles within a week and offers a 12 month guarantee.

The lenses are made to British Standard specifications in, for example, glass, CR39 and Reactolite. Frames can be sold for as little as £5 and the company says an overall gross margin of 55 per cent is possible. There is no minimum order and the company says pharmacies could have a comprehensive range of frame types, colours and sizes, plus display stand, for about £250-£300.

Free staff training, including how to take the necessary measurements for prescription lenses, is offered together with display materials and help with advertising copy. A range of accessories is also available. *Eye Shop Ltd, Savoy Centre, Sauchiehall Street, Glasgow G2.*

A dust-off

Ultra Glow are introducing Super Duster brushes — real hair brushes in six shades. Retailing at £5.95, they come in emerald, canary yellow, azure blue, shocking pink, tangerine and sapphire blue. *Ultra Glow, 1-3 North Road, London N7 9HA.*

ON TV NEXT WEEK

GTV Grampian	U Ulster	STV Scotland
BTV Border	G Granada	(central)
C Central	A Anglia	Y Yorkshire
CTV Channel Islands	TSW South West	HTV Wales & West
LWT London Weekend	TTV Thames Television	TVS South
C4 Channel 4	BTV am	TT Tyne Tees

Actifed compound/linctus:	U
Alatocite Plus:	C, A, HTV, TSW, TVS, Bt
Askit powders:	STV, GTV
Aspro Clear:	STV, Bt
Benlylin expectorant:	All areas
Benlylin paediatric:	Y, C
Crookes Strepsils:	All areas except CTV, Bt
Cussons Imperial Leather:	All areas

Dimotapp:	HTV, TVS, TTV
Duracell:	All areas
Eucryl toothcream:	LWT
Grecian cream:	TT
Grecian lotion:	Y
Hedex:	All areas
Hills balsam & pastilles:	C, TTV, Bt
J&J baby shampoo:	All areas except Y
Lipcote:	TTV
Marigold housegloves:	STV, G, Y, HTV, TSW, TVS, TTV
Mu-cron:	All areas
Pur-G:	STV, BTV, A, HTV, CTV, TSW, TVS, TT, C4
Rennie:	All areas
Robitussin:	All areas
Sanatogen vitamins:	G, Y, C, HTV, TVS, LWT
Sensodyne:	All areas
Sinutab:	All areas
Wrights vaporizer:	Bt

Kaltostat wound dressing and packing

Manufacturer Cair Ltd, Progress House, Albert Road, Aldershot, Hants GU11 1SZ

Description Dressing Soft white, sterile non-woven dressing of 100 per cent pure calcium alginate fibres **Packing** Soft white sterile 2g "ball" of 100 per cent pure calcium alginate fibres.

Uses Haemostat in management of bleeding wounds such as major lacerations, post-surgical wounds, skin donor sites, nosebleeds and general first aid. Haemostat in post extraction haemorrhage (professional dental use only). Management of non-bleeding wounds such as chronic skin lesions, pressure sores, leg ulcers and second degree burns.

Administration Bleeding wounds Apply directly to wound, keeping in place if necessary with tape or fine bandage. Easily removed for inspection. In non-emergency bleeding wounds, need only be removed when dry scab is ready to separate from healthy tissue. *Heavily exudating ulcers, pressure sores, donor sites etc.* If lesion is deep, pack to level of surrounding skin with Kaltostat packing and cover with Kaltosta⁺ dressing.

Depending on the amount of exudate, Kaltostat should be changed daily, or on alternate days, reducing to once or twice weekly as healing progresses.

Contraindications Dry wounds. Wounds presenting with dry necrotic slough should be debrided before application.

Pharmaceutical precautions Not to be resterilised.

Packs Dressing available in three sizes; 7.5cm by 12cm (£0.72), 10cm by 12cm (£1.50) in packs of 25 and 15cm by 25cm

(£2.77) in packs of 25. Packing 2g balls (£0.90) in packs of 50.

Supply restrictions Pharmacy only. Not available on Drug Tariff.

Further information Calcium alginate, obtained from a particular species of brown seaweed, is hydrophilic polysaccharide which will exchange calcium ions for sodium ions in blood to form sodium calcium alginate a viscous gel which overlays the wound protecting the microenvironment.

Product licences Dressing PL 6079/0002 Packing PL 6079/0001

Issued February 1986

It's a cracker!

Ultrapharm's Bi-Aglut gluten-free cracker toast is a lightly toasted cracker which is gluten and lactose-free and is suitable for coeliacs and those on milk-free diets.

Each 100g contains 8.5g protein, 83.5g carbohydrates, 5.2g fat, not more than 5g water and 2.5g minerals. Made from rice flour, potato flour, soya flour, sugar, hydrogenated vegetable fats, salt, and natural flavourings, the cracker toasts provide 395 kcal per 100g (24 calories per slice).

The crackers have been approved by the Advisory Committee on Borderline Substances for use in gluten-sensitive enteropathies including steatorrhoea due to gluten sensitivity, coeliac disease, primary and secondary sprue and dermatitis herpetiformis. Cartons of 240g containing 40 pieces of cracker toast retail at £2.93 (£1.95 trade). *Ultrapharm Ltd, PO Box 18, Henley-on-Thames, Oxon RG9 2AW.*

BRIEFS

Cox Pharmaceuticals have added naproxen 250mg and 500mg tablets to



Kent pharmacist W.G. Stevens won £2,000 in Unichem's Classic Winners promotion. Croydon's new general manager, Mr P. Kent (centre) and Unichem committee member Mr H. Ryan delivered the cheque

their range. The 250mg tablets (250, £24.68) are white and circular; the 500mg (100, £19.74, both prices trade) are white and oblong. A special introductory offer is available direct or through representatives. *Cox Pharmaceuticals Ltd, Whiddon Valley, Barnstaple, Dorset, Devon EX32 8NS.*

Berk have added azathioprine 50mg tablets to their range. *Berk Pharmaceuticals Ltd, St Leonards House, St Leonards Road, Eastbourne, Sussex BN21 3YG.*

Minocin tablets 50mg are now embossed "LL" on one side and "M50" on the other. *Lederle Laboratories, division of Cyanamid of Great Britain Ltd, Fareham Road, Gosport, Hants PO13 0AS*

Zincomed will be available in pots of 30 capsules (£0.99 trade) from February 3. The 100-capsule pack is being deleted, but the 250 capsule pack will be retained with no price change. *Medo Pharmaceuticals, Schwarz House, East Street, Chesham, Bucks HP5 1DG.*

Propain

LUITPOLD

What a relief!

Powerful Pain Relief of Migraine, Headache, Muscular Pain, Dental Pain, Period Pain, Feverishness, Colds and 'Flu

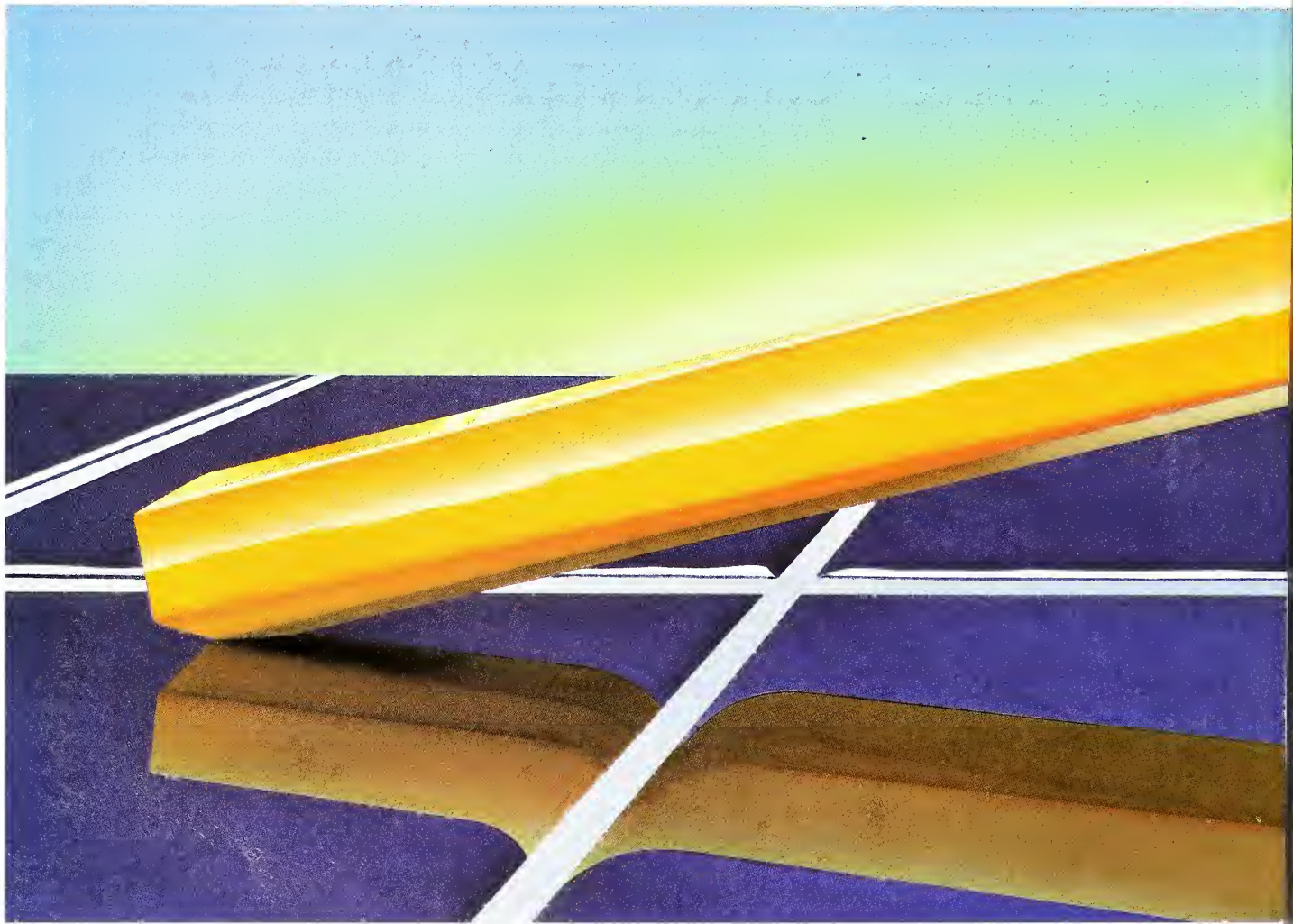


Full information on request Luitpold-Werk, Medical & Scientific Office in U.K., Hayes Gate House, 27 Uxbridge Road, Hayes, Middlesex UB4 0JN Telephone 01-561 8774



AS ADVERTISED ON T.V.

New Bic Orange sensit



You'd be a lemon



42% of men have sensitive skin

Research shows that for 42% of men shaving must be a bit of a pain. But it doesn't need to be. Because Bic have introduced the new Bic Orange: a razor designed to give the same clean, close shave as the regular Bic, but with a blade specially angled to be kind to sensitive skin.

The new Orange, a razor with Bic appeal

Since Bic launched the first disposable razor, it has maintained its position as the best selling razor in the market it created. Bic currently holds 30% of

e, the razor for ve skin.



not to stock it.

the total wet-shave market, meaning that they supply 45% of all disposable razors.

And the new Bic Orange is all set to repeat the success of the regular Bic. Because once again Bic have realised the need for a new product. And met that need.

Backed by a £750,000 network TV campaign

With a massive national television advertising campaign promoting the new razor as "the sensitive skin razor for the truly enlightened", you can't fail to cash in on the greatest Bic launch ever. Unless, of course, you don't stock Bic Orange.



Biro Bic Limited, Whitby Avenue, Park Royal, London NW10 7SG.
Tel: 01-965 4060. Telex: 25152

Vaginal dryness – the causes and some solutions

The vagina is a naturally moist part of the body, with fluid coming from a number of sources.

Firstly, the glands of the cervical canal produce an alkaline mucoid fluid which varies in consistency with the menstrual cycle. These glands are at their most active around the time of ovulation.

The vaginal walls themselves also produce a transudate which is made acid by the naturally occurring vaginal bacteria, lactobacilli. Finally, Bartholin's glands at the vaginal entrance produce a small amount of lubricating fluid, especially during sexual arousal.

It is well known that during sexual arousal the vagina becomes considerably more moist, thus enabling comfortable and pleasurable entry of the penis, but it is only in the past 20 years that we have understood where this extra fluid is produced.

Previous writers had suggested that either the cervix or Bartholin's glands were responsible, but the Masters and Johnson's experiments clearly showed that during sexual arousal perspiration-like beads of fluid appear on the vaginal wall. This fluid is in fact a transudate, though it is unclear exactly how it is formed. During the early moments of sexual arousal this lubricant is produced in large quantities but production tends to slow during the so-called plateau-phase between initial excitement and orgasm.

Causes

The ability to produce this natural vaginal lubricant is present from birth, but may be affected by a number of factors. In general two kinds of vaginal dryness can be distinguished; a lack of normal vaginal moisture when unaroused, which may make the insertion of tampons difficult, and a lack of vaginal lubricant when aroused, making intercourse either difficult or uncomfortable. One or other forms of dryness will affect at least one woman in five at some stage during her life.

The normal process of vaginal lubrication is under the control of the autonomic nervous system but it is also dependent on a normal blood supply around the vagina and normal epithelium lining the vaginal walls. Changes in any of these can produce unwanted dryness.

Anxiety about sex or distaste for sexual arousal can block the increase in pelvic blood flow upon which the production of the

Consultant obstetrician and gynaecologist, Anthony D. Parsons, Rugby Health District, looks at a problem common to women of all ages.

transudate depends. Anticipation of discomfort either after surgery or because of previous experience of discomfort can have a similar effect.

Vaginal dryness may also be iatrogenic. Phenothiazines, anti-histamines and anticholinergic drugs all tend to block the production of vaginal lubrication.



The nature of the vaginal lining and the blood flow round it is closely related to a woman's hormonal status or, more precisely, to the oestrogen levels in her blood. This means that with age, vaginal lubrication gradually decreases, detectably so from about the age of 40.

At the time of the menopause a frank oestrogen deficiency often develops and at this stage some women will start to develop atrophic vaginitis. In this condition the surface layers of the vaginal epithelium lose their glycogen and become thin. At the same time the normal bacteria of the vagina (the lactobacilli) no longer survive and the vagina loses its normal protective acidity,

often adding an inflammatory element to these other changes.

The red appearance of the vaginal entrance and vaginal walls in this condition is produced by the ability to see small blood vessels through the thinned surface layer, rather than because of any increase in the local blood flow.

Some other relatively rare conditions such as Sjogren's syndrome can also lead to vaginal dryness. Radiotherapy either for local disease or for malignancy elsewhere in the body can produce similar changes. Allergies and chemical sensitivity, for example, to bath additives can also produce a vaginitis which will not improve until the offending agent is eliminated.

The nature of vaginal lubrication can change in women taking oral contraceptives. Although this varies with different types of "pill," generally the hormone balance is such that there may be a lower level of vaginal secretion.

Most likely sufferers

Although the inconvenience of vaginal dryness can be experienced by any woman there are certain times in her life when it becomes more likely. Just after having a baby, hormone levels drop dramatically and oestrogen levels, particularly in women who are breast feeding, remain quite low for some time.

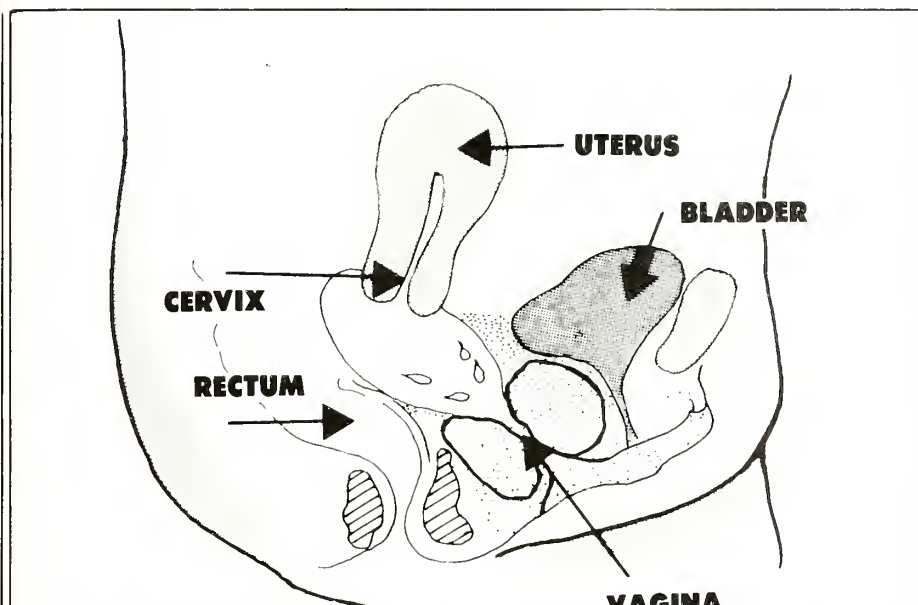
This often leads to temporary changes in the vagina similar to those which occur at the menopause, and if the woman also has a sore area where her episiotomy is still healing then attempts at intercourse may be uncomfortable.

Mild degrees of depression are common in the first few months after having a baby and these are often associated with lack of sexual interest which will itself prevent lubrication taking place.

After gynaecological operations there is normally no change in the vagina's lubricating ability unless, of course, the ovaries (and thus the body's oestrogen supply) have been removed. Nonetheless, women are often apprehensive when first starting intercourse again at this time and this may inhibit lubrication. The same applies to any woman who has experienced a long gap since she was last having intercourse.

It is at the menopause that vaginal dryness is most common though, as we have said, this often starts in minor forms some ten

Chemist & Druggist 1 February 1986



After *New Sex Therapy* H.S. Kaplan (1974)

The female genitals in an aroused state: the perivaginal tissues engorge (dotted area), the vagina balloons and is covered with transudate, and the uterus rises from the pelvic cavity. Vaginal lubrication is normally under control of the autonomic nervous system and depends on an adequate blood supply. Anxiety can block the increase in pelvic bloodflow upon which the production of transudate depends.

years before periods actually stop.

During menstruation there is a lower level of vaginal secretion due to the hormonal balance and it is understandable that some women have difficulty when first inserting a tampon and when replacing it.

Any infections, particularly common ones such as thrush, or trichomonas, leave the vagina feeling dry and sore, although this is usually a self limiting problem.

Forms of help

Counselling Simple provision of information is important. Many women are concerned and upset by vaginal dryness and may interpret it as being due to some more serious condition or to a loss of feelings for her partner.

A simple explanation of the normal sources of vaginal moisture and the way in which the production of this fluid can be affected can allay worries.

More importantly this provision of simple information can prevent secondary psychosexual difficulties. Dryness and discomfort on intercourse often results in anxiety and failure of arousal on the next occasion and unless both partners understand what is happening a more serious problem can develop. Clearly for the woman who is not feeling aroused the solution lies elsewhere, but for the woman who experiences full arousal and wants to continue intercourse but is still dry, a lubricant can be advised, and this will be discussed below.

Hormone replacement therapy When vaginal dryness appears to be a menopausal problem hormone replacement therapy is the obvious answer. This is important not only because it is logical to remedy a known deficiency of oestrogen, but also because in the post-menopausal years severe atrophic vaginitis can ultimately lead to the vaginal entrance becoming narrowed and rigid.

This can usually be avoided with hormone replacement therapy and continuing intercourse. If vaginal symptoms are the only menopausal problem they can be treated effectively with local oestrogen cream. There are a variety of brands which vary in their acceptability to the woman.

Lubricants

Lubricants are a simple and sensible first stage answer to vaginal dryness in women of any age. Once a woman understands what is happening to her body and has excluded other reasons for dryness then a lubricant can eliminate unnecessary discomfort and restore the pleasure of intercourse. Lubricants have, of course, the major advantage of being freely available across the counter.

But what sort of lubricant should one recommend? Many of the available products which people do use are, in fact, poor lubricants, or have other drawbacks such as clinical appearance, or unpleasant taste.

The ideal vaginal lubricant should have the following characteristics: it should be odourless, non-greasy, and non-staining, work well in small quantities, and not be cold to the touch. It should not require repeated application and should not dry to leave a powder on the skin. Finally, it should be easy to apply during foreplay and should be available in a pleasant, non-clinical presentation.

A number of products have traditionally been used, the latest of which, Senselle, was launched last week by LRC Products (C&D, p130).

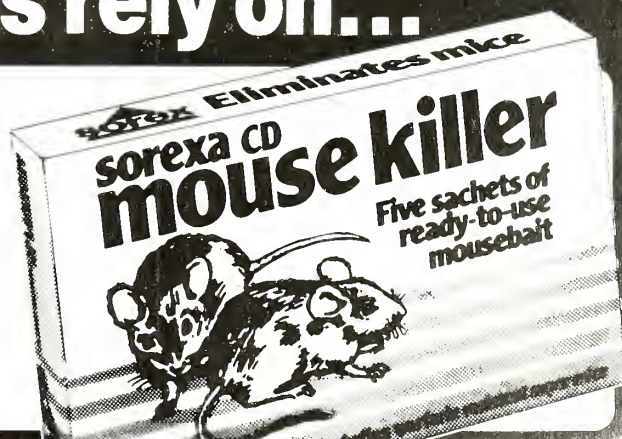
80% of professionals rely on...

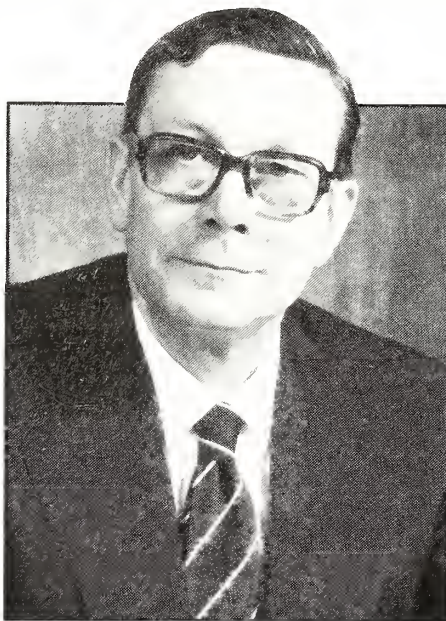
A recent survey showed that 80% of Local Authorities selected Sorexa CD for mouse control. Now this unique formula is available for you to sell for household use. Fully effective against 'super mice' Sorexa CD provides the surest mouse control yet.

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Sorex Limited, St. Michael's Industrial Estate, Widnes, Cheshire. WA8 8TJ. Tel: (051) 420 7151





Seeking the plus factor

Every product needs a unique selling proposition, and perceptions can be more important than reality. With home medicines, there are restraints in indications, formulae and advertising claims. So there are particular problems in achieving product differentiation. In this article Mr Eric McGregor — marketing director of International Chemical Company, 1970-1982 — discusses those elements from which advantage can be derived and advises pharmacists what to look for in the brands they stock.

capsules and — now — by chewing tablets; in water via soluble, effervescent and powder presentations; in liquid form via elixirs. Those presentations which have gained market acceptance are the ones which meet genuine consumer needs. Product mobility is very important.

It may be that even faster means of ingestion are round the corner. Fast pain relief and its perception are critical elements in analgesic marketing. The first brand to secure for itself a real breakthrough in this area could well have a gilt-edged CDA and probably one which is patentable.

Some years ago, a study was undertaken to gauge the influence of branding in consumer relief-response. A major home

medicine was administered to two demographically matched groups of housewives. With one group, the brand was made anonymous. With the other group, it was identified in the ordinary way.

The "brand anonymous" group registered a satisfactory relief-response rate. This was hardly surprising since the product was soundly formulated. However, the "brand identified" group registered a relief-response rate up to 25 per cent higher.

This underlines the significance of branding and the role it can play in imparting added value. Obviously, this degree of increased expectation represents the cumulative effect of many factors, not forgetting intrinsic product performance. Nevertheless, it is clear that perceptions created through advertising made the decisive contribution, given that the formula was replicated in a number of competing brands and generics.

Such inputs are exclusive to a brand. They should be kept exclusive. The brand name, of course, cannot be copied. But almost anything else can unless branding is integrated with marketing communications in a way which pre-empts competition. Through this, a major benefit can be projected which is unique to the brand and cannot be plagiarised. The classic example of this is "Nothing acts faster than Anadin." There have been others such as "Wake up your liver bile" (Carter's Little Liver Pills).

These propositions have become the casualties of a much tougher censorship climate. This highlights the problems of achieving CDA for home medicines, given the constraints which now exist. But solutions are possible, in ways which do not breach either the regulations or the PAGB Code, in letter or spirit. They are a task for the professional.

Three elements which contribute to the process are cogency, consistency and character. Cogency means a clear-cut, distinctive proposition, that reflects problem-recognition as well as problem-solution. Consistency means a viable strategic positioning which remains constant whatever tactical and executional changes are made. Character means the expression of a brand personality which goes beyond the functional. A home medicine should be a friend in need — and if the benefits are crystallised in this way, it will be regarded as such by many of its users.

The pharmaceutical industry understands better than most the dynamics of perception. The way people feel about a product can substantially influence its performance. The response to placebos in clinical trials consistently demonstrates this principle. Branding provides an added dimension to it, in the creation of what may be called "a set of beliefs about the brand." This is ultimately what it is all about.

Differentiation is vital if a product is to stand out from a host of competitors. Inherent in this is the creation of an "advantage" which other brands do not have.

The process is sometimes called the unique selling proposition (USP). Useful though the term is, marketing circles prefer the concept of competitive differential advantage (CDA). It is, perhaps, wider embracing, and prompts recognition that the plus factor can be derived from a number of areas, not just from the product itself or from a particular facet of promotion.

The marketing of all products involves a wide range of such inputs. In home medicines these are: formulation, presentation, branding, packaging, pricing, distribution, advertising, trade promotion and customer service. However, it is important to distinguish between dynamic and functional inputs.

Distribution, trade promotion and customer service come under the functional heading. Their presence represents a vital element without which slow or even sudden death ensues. But while we may have these properly in place, so might everyone else. Pricing, too, is functional in home medicine markets. In other fields it can be used to advantage through undercutting or by "loading." This is not feasible in OTC markets, where prices have to relate to market norms. Faulty pricing is a negative. Correct pricing is par for the course, so no advantage here.

So we have to look to the dynamic inputs. These are the ones which can be made exclusive to our brand. Properly exploited, they provide the basis for a CDA which cannot be precisely matched by other brands. Without this, our brand is one of a crowd (and vulnerable) instead of one that commands customer loyalty and a strong, stable franchise. For convenience, the dynamic inputs are grouped under two headings: formulation and presentation, and branding and communications.

Formula-wise, it is virtually impossible today to secure performance benefits compatible with preserving OTC status. Home medicines are restricted in application to the symptomatic relief of minor, self limiting ailments. Formulation cannot go beyond this writ.

Competitive advantage has to be sought in product presentation or, more precisely, product delivery. Here we should ask what consumers need. Efficacy, safety and quality — certainly. What else? The answer is speed of action, ease of ingestion, convenience of application. In other words, can our product deliver faster, more easily, more flexibly in ways which are both valid and meaningful?

The analgesic market provides the best immediate example of how product delivery can be varied and extended. Analgesics can be ingested direct by swallowing tablets or

WHY MISS A SINGLE SALE?

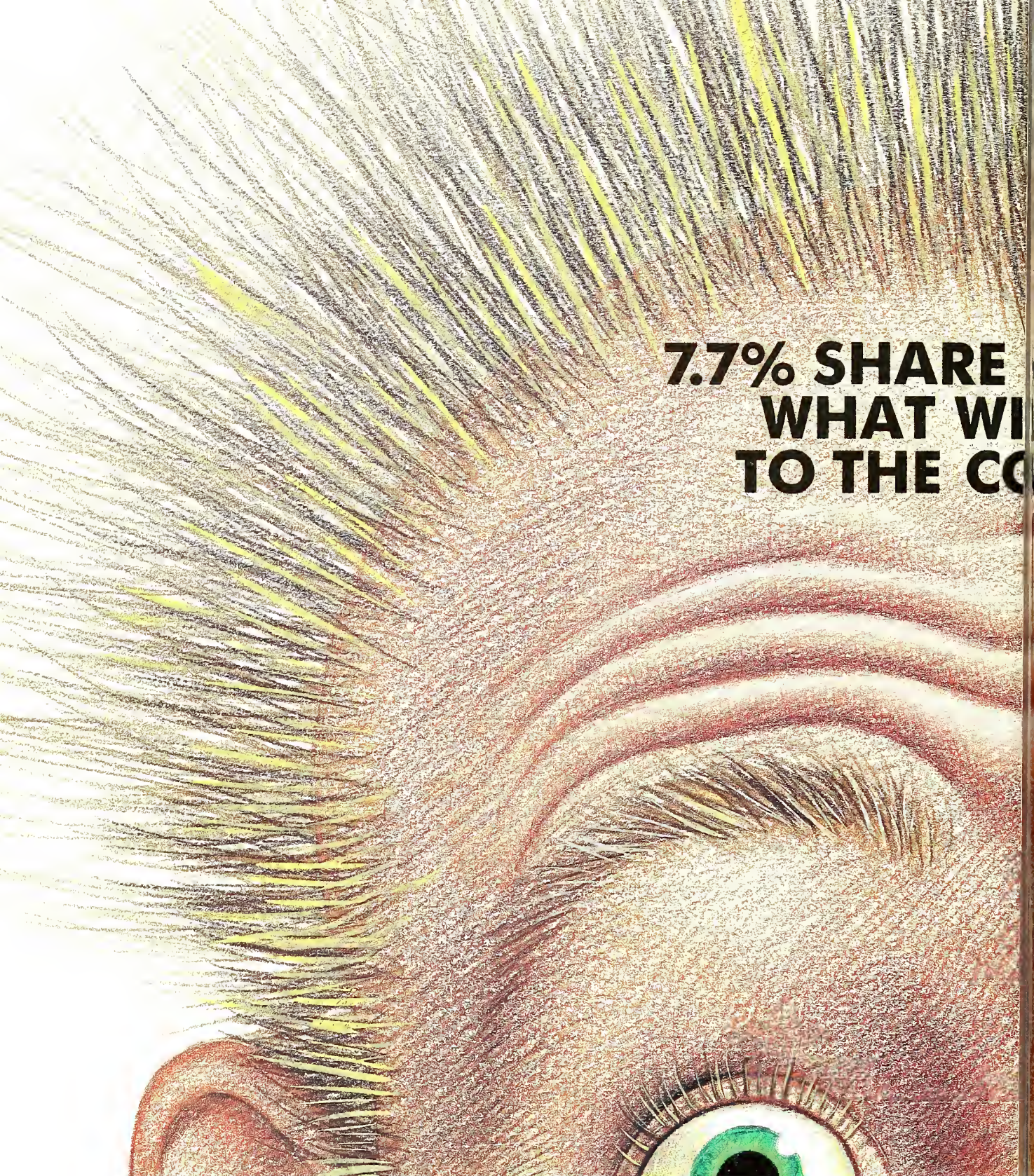
£500,000

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**7.7% SHARE
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TO THE CO**

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Just 12 months after launch Dequacaine had grabbed a hair-raising 7.7% share of the market*.

It's not hard to explain our

success. Quite simply there's no stronger sore throat remedy available. Anything less would be hard to swallow.

With a start like this we could have rested on our laurels.

Instead we'll be following up



**12 MONTHS.
THAT DO
PETITION?**

with a consumer support package later in the year. And we'll continue to back Dequacaine with colourful P.O.S display material.

So if our competitors' hair stood on end last year, this year they're going to be tearing it out.

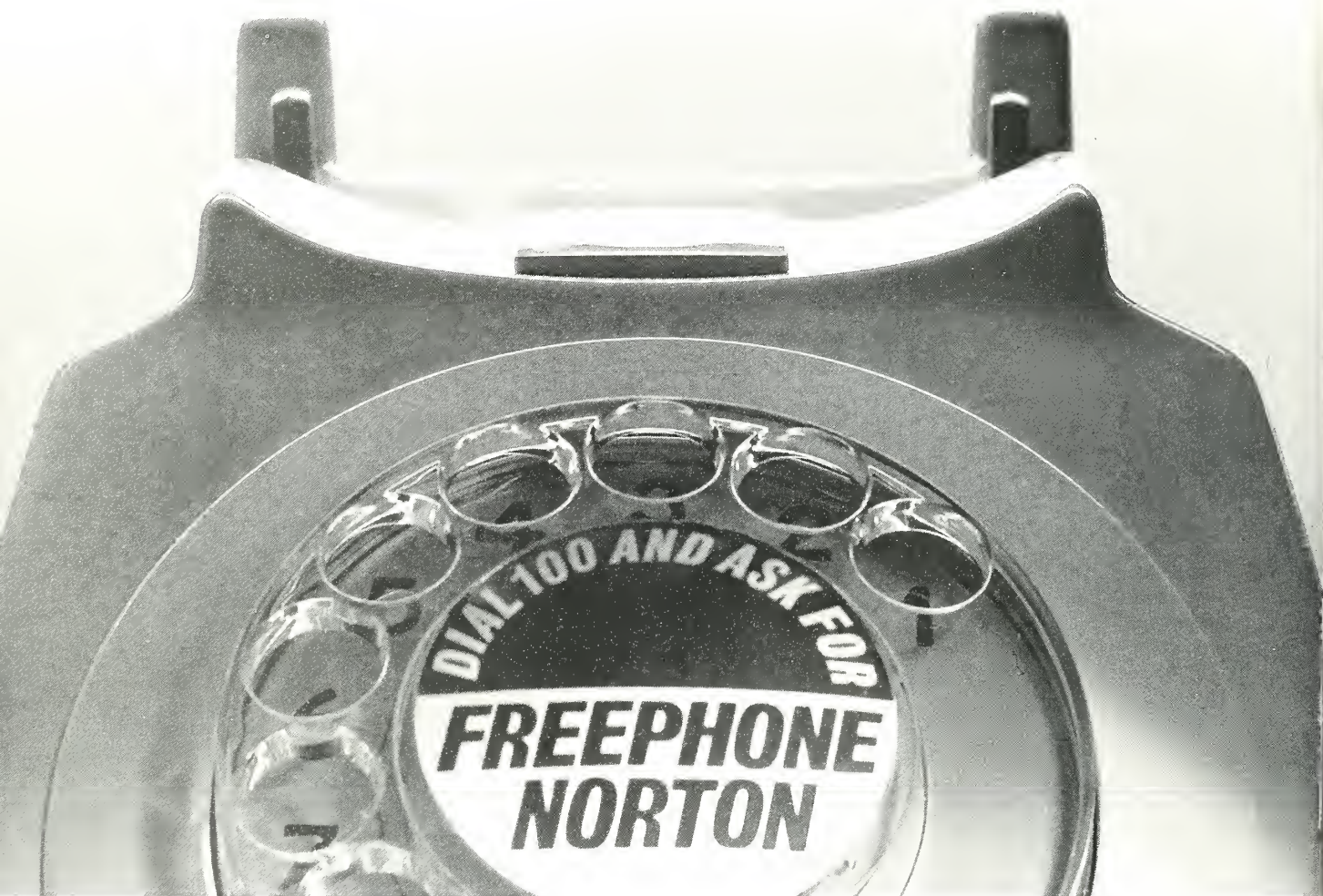
Dequacaine
24 LOZENGES

FAST, EFFECTIVE RELIEF
FOR SEVERE SORE THROATS

- Powerful Local Anaesthetic
- Combats Bacterial Infection
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**YOU CAN'T RECOMMEND
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Our telephone ordering system is the most efficient way of maintaining stock levels in your pharmacy.

As a leading generic pharmaceuticals manufacturer in the United Kingdom, we pride ourselves in the knowledge that we are able to satisfy the stringent quality standards which are expected by both the hospital and retail pharmacists.

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All this is yours for the asking – simply dial 100 and ask for Freephone Norton and leave the

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NORTONX

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Photographed by Mike Blissett

Market growth triggers competition

The generic business is growing in all directions – prescribing, sales, drugs available, and the number of companies involved, both manufacturing and wholesale. *C&D* looks at the recent developments, and profiles the growth of manufacturers APS, 50 years old last year.

The past 12 months has seen a tremendous growth in the generics market, which may now be worth as much as £100m a year. The big stimulus was the limited list last April, which was said by some companies to have trebled the market, while others put the increase in value terms

at up to £40m.

As well as an increase in the prescribing of generics as brands were blacklisted, the list has had other effects. Companies who lost a good deal of business, notably Wyeth, have moved into generics in an attempt to retain the business their now-blacklisted

GENERICS

brands had. There may also have been a knock-on effect in making doctors more conscious of generic prescribing. This may be true, particularly in Scotland and Northern Ireland, where generic prescribing in general had been lower than the rest of the UK.

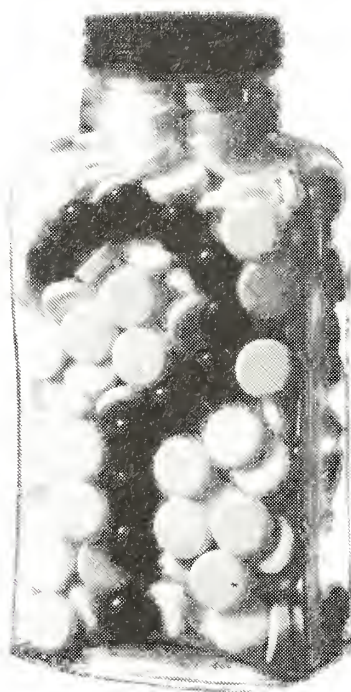
One estimate from the Central Checking Bureau in London has generic prescriptions accounting for around 20 per cent of the total; a year ago the figure was 15 per cent.

The growth of the market has been accompanied by the appearance of a plethora of short-line wholesalers, offering a list of generic products, usually on a mail order basis.

The collapse of the High Discount scheme in the middle of last year gave added impetus to the trend, with the result that new wholesaling companies seemed to appear every week. Companies previously familiar for their parallel importing businesses are also entering the fray, prompted by their established distribution systems for regular customers.

With the increase in the number of outlets in the market, the competition for business has hotbed up. Sheets full of promotional offers are a familiar sight in pharmacies these days.

One major talking point has been the "Incredible low prices" offer from Evans



Medical, offering up to 40 per cent off their list price on 136 "key" generics. Evans say they are trying to counter competition from short-line wholesalers, particularly in the London area. Other manufacturers are concerned at what they say are "uneconomic" prices being charged by Evans, but they say they have to follow suit. But it could be argued that if the suppliers, selling not just the market leaders but the full range, are forced out of business, there could be no-one to supply the small volume

generic lines that are no less important to the patient.

The Pharmaceutical Services Negotiating Committee too, is somewhat alarmed at the situation, for the longer the promotions go on, the prospect of a discount inquiry or clawback looms larger. Promotional prices are allowed for set periods, and all material should have a fixed termination date. It will be interesting to see how prices are fixed when the next round of promotions are introduced.

PSNC is trying to organise a round-the-table discussion with the manufacturers and the National Association of Pharmaceutical Distributors to try and resolve the situation (*C&D* last week).

Manufacturers and wholesalers alike seem keen for a "return to sanity" with everyone in the distribution chain making a reasonable profit. All agree that the HD scheme, brought in to counter the discounts being offered, including those on parallel imported medicines, also brought a degree of stability to the generic market, as manufacturers restricted discounts to wholesalers to 12 per cent.

Recent times have also seen a bumper crop of new generic products. Amoxycillin was one of the biggest, making its debut, after a small hiccup, under licence of right from Bencard.



**Try explaining to
your customer they're all
the same drug.**

The whole patent issue is one the Association of the British Pharmaceutical Industry would like to see change. They say that the effective profit life of medicines is getting shorter as testing requirements become more extensive. The ABPI is pushing hard for the removal of Britain's unique licences of right clause, applying to products patented between June 1967 and June 1968, which allows imitators to apply to copy and/or market products during the last four years of the 20-year patent life. Should this be abandoned, key generic products could be delayed.

And right in the news at the moment is a proposal from the Scottish General Medical Services Committee and the Royal College of General Practitioners Scottish Council that generic prescribing be introduced in Scotland as a pilot for the whole of the UK. The GPs see the scheme working on an "opting in" system, a long-time favourite of the General Medical Services Committee, in which a box on the prescription form is ticked if the prescriber authorises a generic substitute.

The one condition would be the need for a guarantee of generic quality. It remains to be seen whether the DHSS will take up the offer, since a Greenfield report recommendation on a move to generic prescribing was virtually ignored.

Generic purchasing: what do you look for?

When it comes to what counts when buying generics, quality, price and consistency of supply rank equally in the minds of pharmacists, according to a C&D survey.

Some 40 randomly selected independent pharmacists were asked what they looked for when buying generics (Table 1). Over half mentioned quality as a prime consideration; price was very important for half, and over a third mentioned consistency of supply.

A number specifically mentioned that they like to be able to give patients the same tablets each time, particularly so far as certain groups, such as anxiolytics, were concerned. This view is echoed by a number of the wholesalers, who keep several ranges but allow pharmacists to specify whose tablets they want.

The pharmacists were also asked from what type of source they received generics (Table 2). Manufacturers were the most often used, while short-line wholesalers were used by a quarter of those surveyed.

Wholesalers agree that quality and consistency of supply are important. "I don't think price is the main thing," says Mr Burdon of Ayrshire Pharmaceuticals. "Pharmacists want quality and service and tablets from a reliable source."

Table 1 Importance in buying

Quality	23
Price	20
Consistency of supply	15

Table 2 Source of generics

Manufacturer only	13
Manufacturer/full-line wholesaler	10
Full-line wholesaler only	6
Full-line/short-line wholesaler	2
Short-line wholesaler only	9

Base: 40 randomly selected independent pharmacies.

With Evans generics it goes without saying. The same quality, shape and colour month after month.

It is hardly surprising when chemists shop around for generics at the cheapest prices (and some suppliers buy from different manufacturers) that it is difficult to recognise the same drug from one month to the next. This can be disconcerting for patients – particularly as many of the top 10 generics are regularly supplied on repeat prescription. It also causes confusion in the dispensary, when the same drug can be a different size, shape and colour.

Furthermore there may be occasions in dealing with patient enquiries when the chemist needs to be able to identify the manufacturer of the drug. If he is shopping around this could present problems.

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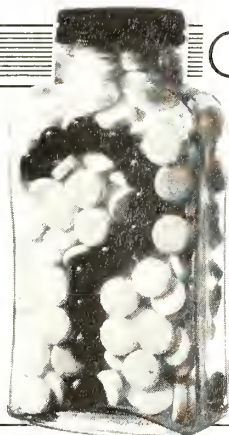
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The road to the present



The 1980's have been a period of great change. Allan Cambridge, general manager of Evans Medical, and previously marketing director of Thomas Kerfoot, gives his view of the past five or six years, and the reasons for Evans' current strategy.

Before 1979-80 the generic market was extremely stable. The companies involved in it — essentially Kerfoot, Cox, APS, Evans and Charnwood — were selling a comprehensive range of generic preparations. New products were added as they came off patent and the prices established for these generic versions were generally 10 to 15 per cent below that of the brand. Each company had an established market share and no-one appeared to want to change the situation through aggressive marketing.

What triggered the change was the advent, in 1980, of one-man agencies, who, having obtained generic products from

sources other than those companies mentioned above had to undercut market prices considerably to compete against the reputation of the established companies. The result was prices tumbled quite quickly, as the established generics companies matched this competition. For example, frusemide, which was selling for around £18 a thousand, came down to around £7 a thousand.

At first this had little effect on the Drug Tariff, but the discount enquiry, completed in March 1980, changed that, and resulted in a lowering of Tariff prices on implementation in 1983.

In January 1982, generic pricing quietly

entered its second phase, with a change in the management structure at Evans. At that time Evans were the largest generic employer but without the market share to match it — a situation the new management were determined to correct, by introducing a comprehensive and price competitive promotion. This was the "Comparative price challenge".

Through the first half of 1983, prices spiralled downwards as the major companies reacted to the Evans activity. By June the market had reached a new level of stability, as the established companies accepted their revised market shares. However, taking frusemide again, this was trading at around £3.23 a thousand. Drug Tariff prices had followed the price reductions during this period but were still markedly above those in the market.

In July the Government imposed a 2½ per cent price reduction on the industry, but this had little effect on the generic market, except to bring Drug Tariff prices down further, but to levels which were still well above the market price. In the end this led to the establishment of the "S" list in October 1983, in which the Tariff price for around 30 key generic products were brought down to

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the market level.

During 1984 there was little discounting of the "S" list prices, and new products on the list were being set at "better" prices. It looked, however, as if the price war might have started again, but the advent of the HD scheme in January 1985 brought stability back for six months as the major manufacturers agreed to hold their discounts to wholesalers down to 12 per cent. Although it was originally intended that the HD scheme would only apply to proprietary products in order to control the problem of parallel importing, generics were included at the last minute when the DHSS found evidence of generics being imported. However, the scheme was always threatened because of major loopholes and, even before the court decision in November declaring the practice illegal, the generic price battle had essentially started again.

A number of issues still remain to be resolved. The future of the white list is uncertain. Although the Minister has said he will not extend the white list by therapeutic category many people expect an extension in one form or another. The most likely route is by product addition irrespective of therapeutic class. Alternatively, if the recent

recommendation by Scottish doctors becomes accepted throughout the UK, generic prescribing for all products may replace it.

No doubt there will be further entries into the market over the next five years (when the generic opportunities begin to subside). We have already seen the introduction of proprietary companies like Wyeth following the introduction of the white list. We can continue to expect to see numerous one-man agencies springing up until the Government brings in controls on the type of company that is allowed to distribute pharmacy products and their methods of operation. When one considers the legislation that exists to control medicines at the manufacturing and dispensing stage, it is a total absurdity that the middle of the chain of distribution is virtually uncontrolled, with almost anyone being allowed to sell to

pharmacists.

It is also likely that the nature of generic marketing will change dramatically over the next decade. This will be assisted by the original pack dispensing scheme which will provide generic companies with the opportunity to establish a company equity with patients, and also with the advent of own label generic products from national and regional wholesaling groups.

An alarming number of short-line wholesalers have entered the market recently, largely because of the willingness of some manufacturers to supply at prices that allow them to undercut those offered by established companies.

Offering a very limited service to the pharmacist, the shortline dealer has persuaded some pharmacists to purchase products on the strength of price alone. In response to the growing influence of these activities Evans have this year reacted by lowering their prices. With a firm commitment to maintain this policy Evans will again be supporting the pharmacist by enabling him to purchase generic medicines at keenly competitive prices from full-line wholesalers, taking advantage of the comprehensive service.

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Manufacturing moves

There is no doubt that the market for generic drugs is growing, and manufacturers, it seems, are gearing themselves up for that. But competition in the manufacturing sector is fierce, and the profitable life of a generic drug may be quite short. New companies are entering the generic field, as are established ethical companies, some pushed in by the blacklist, others to take advantage of the changing scene.

"There is overcapacity in the industry," says Clive Lemmons of Norton. "Competition is very fierce indeed, and people are introducing new products all the time. The slide in generic prices has been going on for seven years now, and legislation only controls it on a temporary basis."

He says the HD scheme changed the face of the market on a temporary basis, making it not worth while to offer huge discounts. "But now it has gone back to a total free for all. We supply direct to retail pharmacists, to major wholesalers, smaller wholesalers and shortline wholesalers — we are basically interested in offering our product range to anyone who will buy it."

Mr Lemmons says the future is an uncertain one, with many factors that could affect the market. The blacklist could be extended, but the general feeling is that this is unlikely during the life of this Parliament. "There are no sizeable products coming off patent. You just have to look at it one day at a time," he says. "Our strategy is to gear ourselves up to change in the market; we are not really into planning."

QUANTITY as well as QUALITY

Cox are constantly updating their range of high quality generics. **New products introduced in 1985 include:—**

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Spironolactone
Trimethoprim
Verapamil

Ascorbic Acid
Aspirin Dispersible
Aspirin Dispersible Paediatric
Codeine Phosphate
Co-codaprin
Co-codaprin Dispersible
Co-codamol
Co-proxamol
Diazepam

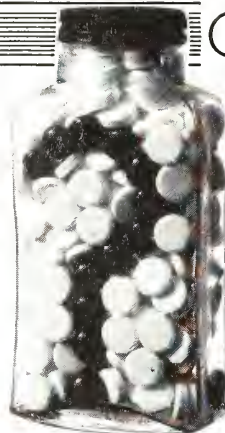
Diazepam Elixir
Folic Acid
Lorazepam
Nitrazepam
Oxazepam
Paracetamol
Temazepam Capsules
Vitamin B Compound Strong
Vitamin Capsules

The generic market expanded considerably due to the white list. **Cox offer a substantial range of these products which include:—**

*A programme of
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"It is going to be a very low margin market if current trends continue," says Mr Beasley of **Cox Pharmaceuticals**. "Although there is going to be a substantial increase in sales volume the margins aren't going to be anything like last year, when the HD scheme brought a certain stability." Mr Beasley says Cox are extending their factory at the moment, and are putting in development facilities. "This all needs to be paid for," he says. "And we are not prepared to see our share of the market being eroded by the prices being currently offered so we have reacted to those prices."

Another company involved with expansion is **Approved Prescription Services, APS**, who will shortly be moving to a new factory in Wyke, Bradford. Managing director Keith Hemingway says that the APS philosophy is not to be the cheapest but, "... we have to follow the market trend". He says there are a number of problems with Tariff prices at the moment with some 'S' list medicine prices artificially low. "For example, the price of methyldopa bears no relationship to the cost of manufacture. There is no mechanism for a monthly review of 'S' list prices. We can only get any change by persuading the

Department of Health that the price of a drug is so low it is not possible to produce it and make any sort of profit."

As for 1986, Mr Hemingway would like to see a return to sanity. "It can only be in the long term interests of retail pharmacists and the whole of the generic business to allow an adequate profit for the generic manufacturers, allowing them to invest for the future," he says.

Mr Andrew Kay, retail marketing manager for **CP Pharmaceuticals**, says they have worked through the 1985 watershed year to consolidate their position among the leading suppliers of a full range of generic and standard products — over 600 pack lines in all.

"We remain committed to the wholesale route of distribution as we believe that this continues to offer the most effective means of getting our products to the pharmacist," he

says. Commenting on the current pricing issue, Mr Kay says that recent downward trends not only affect the generic industry, but also the profit return enjoyed by the pharmacist. "The eventual result of this price erosion can only be reduced Drug Tariff prices. A more effective and stable pricing mechanism is required and CP are committed to negotiation and discussion with Government through the ABPI to achieve this objective."

Thomas Kerfoot say they have embarked on a major expansion of their generic range. "We believe we will always maintain steady and competitive price levels, providing high quality generic products, continuity of supply and a high level of service, so that the retail pharmacist always knows where he stands," says marketing manager Mr John Carolan. "It has not been the policy of Thomas Kerfoot to supply short-line wholesalers and the recent price reductions which destabilise and confuse the market have been caused by companies doing exactly that. The retail pharmacists interests are our priority and discount wars could lead to a reduction in the Drug Tariff and will benefit none in the longer term."

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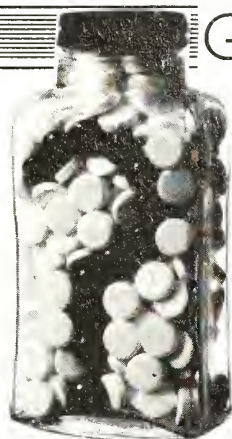
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Mr Carolan says that Kerfoot are increasing market share at the moment, and have the major share in terms of "independent generic manufacturers."

Wyeth are one company now in the generic drugs market solely because of the limited list, which removed at a stroke the prescribing, by brand, of Normison, Ativan and Aludrox. "Wyeth lost over 50 per cent of their sales," says Mr Vosper, generics marketing manager. "But we have maintained and in some instances marginally increased our share, but this is in volume. We have certainly lost cash."

The **AAH group** are also moving into the generic field with the establishment of **Hillcross Pharmaceuticals** to manufacture generics for the group. Christopher Rawstron of the marketing department says the AAH group was well placed to obtain service sales with Vestric and several smaller

wholesalers. "We saw that there was a gap for consistent products available as a service item across the range," he says.

He says that the Hillcross range is extended nearly every week, but they still have some way to go. They have 45 lines at the moment representing 18 drug "titles".

Other recent entrants to the manufacturing scene are **Eli Lilly**, whose Distalgesic was blacklisted, and the **Sterling-Winthrop Group**, whose Sterwin Medicals is producing bulk supplies of paracetamol and aspirin.

Generic boom proves attractive for many

One of the features of the current market is the number of new companies trading as short-line generic wholesalers. What attractions are there for such firms in the generics business, and how do they see the future of the market and their place within it?

"We looked at the generic market and decided that it was going to increase dramatically for several reasons — not least the fact that there were several good products coming out of patent like amoxycillin and cimetidine," says Andrew Apperley of **Astec Pharmaceuticals**, who are based in Kidderminster. "We decided that there was nobody doing a nationwide, next-day specialised service, and we feel this is a niche we have created for ourselves."

Astec were launched almost at the same time as the blacklist came into effect. Mr Apperley says that was something of a coincidence. "The company has been founded for three years but we had that little bit of luck that every business needs — the blacklist — and we timed our launch around that."

Astec have 11 representatives, with most of the accounts being dealt with personally, and overland carriers used for delivery. The company stock over 300 lines.

Ethical Generics started trading in October. Marketing director Denis O'Neill says that as a company they are here to stay. They make 25 per cent of their generics themselves and intend to increase that percentage in the future.

Mr O'Neill says the name of the company

is quite deliberate. One of the important parts of their business is consistency. "Products shouldn't change every time an order is placed. Distributors themselves have a duty to supply the same products." He believes Ethical Generics are unique in producing a Scottish price list taking account of the Scottish Drug Tariff. "It is important for Scottish pharmacists to see at which price they will be reimbursed," he says.

He believes that the market will stabilise in the future, with the smaller manufacturers going out of business. Mr O'Neill also thinks that legislative changes affecting product licence applications in the generic field are not too far around the corner, and to fulfil any need for further evidence in support of their products the company has invested in a medical and regulatory department.

Parallel importing companies, too, have not been slow to enter the market. "We saw that there were many instances where people were getting discounts on their PI products but were getting only 12½ per cent on generics," says Clive Ewens of **B.R. Lewis Wholesale Chemists**. "Since we have the distribution set up it doesn't cost anything extra to send generics as well."

Mr Ewens says that in many cases the manufacturer will be able to beat their prices. "What we are trying to do is establish

viable prices and then carry them through."

Eurochem say that their 2,000 existing accounts, including retail chemists, dispensing doctors, hospitals and wholesalers, will provide the platform for their distribution plans. "We see it as a natural extension of our service to chemists," says Mr R.G. Bean, sales manager. He says that the company believes that customers should be able to buy a comprehensive range of quality generics at the best possible prices without having to buy excessive quantities of stock.

Doncaster Pharmaceuticals have been around the generic supply business a little longer than most. Their policy is to carry stock from many companies allowing pharmacists to choose which manufacturer to buy. The company sees a trend towards the specialist wholesaler away from the manufacturers because of the increasing cost of maintaining a sales force in the field. "The pharmacist has a choice," says Dorothy Bradley, sales director. "He can buy from the full-line wholesaler with a two or three times a day delivery, or from the generic specialist at better prices with a slightly longer wait for delivery."

Full-line wholesalers **Bradford Chemists Alliance** feel they offer their customers generics that can be obtained on a regular basis at competitive prices, and in small quantities. BCA's Tony Garlick says that one problem with stocking generics is that to keep a full range, wholesalers have to trade with a number of manufacturers. At present BCA deal with four, but they would like to drop back to two.

'A bit of a whipping post'

Mr Jonathon Brigg of **East Anglia Wholesale Supplies** would like 1986 to be the year prices were maintained at a realistic level. "Being a wholesaler we are a bit of a whipping post in the middle," he says. "If we upset the customers they can go elsewhere, but we can't afford to upset the manufacturers."

Mr Brigg says that things are so competitive that it is the first time he can remember the generic manufacturers actively competing for business. The fierce competition also brings practical problems. The company carry a large range of generics from three or four suppliers; with price changes and promotions running almost every month, the workload in keeping up to date is enormous.

It is **Unichem's** policy to carry, at all times, a fully comprehensive range of generics. The company believes that the range will increase over the next twelve months. The generics are permanently available to members with monthly profit share. Unichem say they are aware of the pricing situation and will be offering monthly promotions on generics.

APS

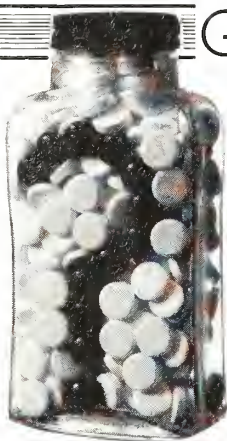
have moved into research in collaboration with senior staff at the University of Bradford pharmacy department. And subsidiary APS Research Ltd hope to launch one or two new products later this year. The company's partners in the venture, Professor Brian Barry, Dr Brian Mulley and Dr Peter York, are experts in the field of sustained release technology.

"There is nothing new about the concept," says APS managing director Keith Hemingway. "But we believe we have a method for optimising the sustained release action of a wide range of drugs. The first products are in the final stages of development and are looking very encouraging."

Patient benefits

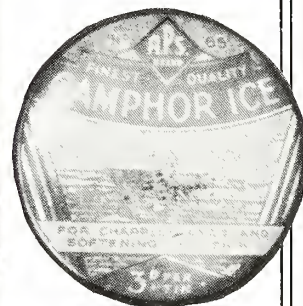
Mr Hemingway says that the aim is to develop into a private, research based British manufacturing organisation with a high level of commercial expertise. "We hope in three to five years to have five or six products that are better for the patient in terms of side effects," he says. APS are also looking at the possibilities of OTC products, and have companies interested in using their market force.

1986 also sees the expansion into new premises in Wyke, Bradford. "The new plant will increase our tableting capacity and allow us to encapsulate in greater volumes," says Mr Hemingway. The present plant in Cleckheaton produces 750 million tablets a year, the new plant will double this figure. "Our base has grown dramatically in recent



Back to their roots – APS return to Bradford

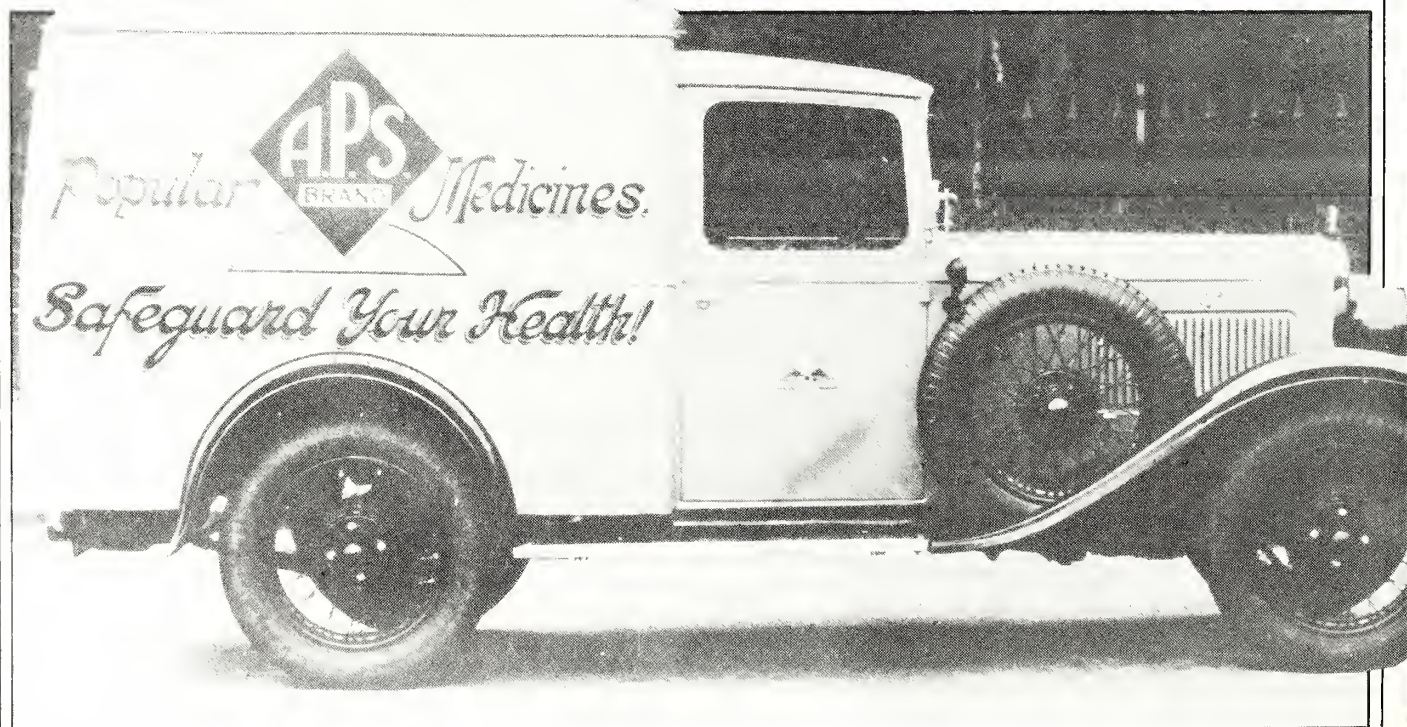
There is little doubt that the generic market is set to continue to expand over the next few years. But Approved Prescription Services Ltd, who celebrated their 50th anniversary a couple of months ago, see their future as more than just a generic manufacturing company.



Above, three early branded products, and below, delivery van.

times, and although we operate a night shift we still need additional capacity."

APS are investigating over £2m in the project, with major alterations required to convert the former lamp factory to medicine manufacture. The APS workforce is



expected to double with the move, though the Cleckheaton premises are being retained for administration and some manufacture. "The Wyke factory will also allow us the space to accommodate the change to original pack dispensing, which needs more space and equipment on our part," says Mr Hemingway. "A lot of products are going to be packed in 28s, 56s, 100s etc, obviously, this is much more labour intensive."

The new plant will also create the room for a greater expansion into the overseas market. APS currently export to Europe, the Caribbean, West Africa and the Middle and Far East. The company also has a subsidiary in the Republic of Ireland, but resources are being concentrated in the UK for the moment.

Going home

With the move to Bradford, the company is really going home, for it was in Bradford in 1935 that Approved Prescription Services began. Little is known about the two women who founded the company other than their names — Mrs Margaret Galloway and Mrs Nora Sarsby. Mr Hemingway thinks Mrs Galloway may have some connection with the Galloway's cough linctus still on sale under the LRC banner.

The women traded for a few years before being bought out by a Mr Walten, who owned one of their competitors, a company called Kempac.

Kempac, who were based in Batley, continued to market some of the APS products such as skin creams and nasal

jellies as well as their own household remedies, proprietary medicines and even disinfectants and household cleaners. It was with Kempac that the Hemingway family first became involved with APS, when Mr Wallace Hemingway, the father of the present managing director, joined Kempac as company secretary in 1940.

During the war, much of Kempac's resources were directed towards the production of saccharin tablets, which were in great demand because of the sugar shortage. The company traded very successfully and was bought out by Amber Pharmaceuticals of London. But after the war, the saccharin boom fizzled out and Amber switched to making their own versions of popular branded medicines and, then, when that avenue was cut off under pressure from the major manufacturers, to making what were then called standard formulary medicines — or generics.

In 1951 Amber decided to cut their losses and close down the Batley factory, and that event signalled the start of the rise of APS to the £10m a year company it is today. Mr Wallace Hemingway, together with Mr Stanley North, who joined Kempac as dispatch manager and is still chairman of APS, and production manager Mr Jack Harley and two others, Mr Jack Brown and Mr Hubert Townsend, scraped together the money to buy the plant and machinery on generous terms from Amber.

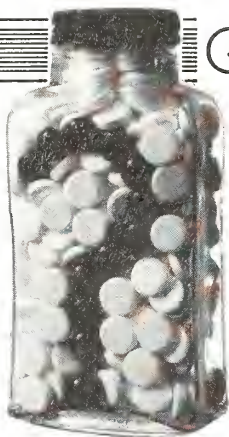
As Amber were trading elsewhere in the country they were unwilling to lose any of their trademarks, but Mr North discovered that in the sell-out to Amber, Mr Walton had



'The Wyke factory will increase our tableting capacity and allow us to encapsulate in greater volumes'
Keith Hemingway
Managing director



GENERIC



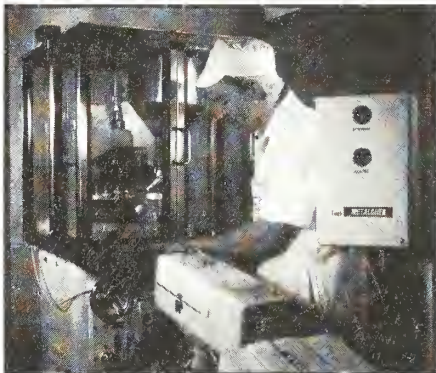
held on to the APS name, which he gave to the new company. So APS were reborn 16 years after being first founded.

During the 1960s the company continued to grow and moved into the present premises, the former Spen Valley Brewery in Whitcliffe Road, Cleckheaton. Mr Wallace Hemingway was managing director until his death in 1976, when son Keith took over. The family connection also saw Keith's brother John join the company as administration director and company secretary, and now also managing director of APS Research Ltd.

Streamlining the operation

The last few years has seen great changes in the market, with the prices of generics spiralling downwards, the limited list, and the increase in the number of drugs available to generic manufacturers. APS have grown rapidly, with sales quadrupling in the last three years. Mr Hemingway says APS came out of the 1983 price war very strong indeed. "It caused us to re-examine our operation in some detail to cut costs, and we streamlined our operation." APS moved from production-led sales to sales-led

production. It also provided the stimulus for the research venture and the investment in the new Wyke plant, which point the way for the company into its second half century of trading.



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Chemist & Druggist 1 February 1986

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Striking off for £4,500 fraud

A pharmacist who defrauded the NHS of more than £4,500 to prop up his new business was ordered to be struck off the Register by the Pharmaceutical Society's Statutory Committee last week.

The pharmacist, Mr David Goody, told the Committee he had completely misread the situation out of inexperience and his business in Hanson Lane, Halifax, succeeded without his dishonesty.

Committee chairman Sir Carl Aarvold told 36-year-old Mr Goody of Skircoat Green Road, Halifax, it was a sad, depressing case. "A pharmacist defrauding the health service cannot be other than a very serious matter. No one can be allowed to think that such a man can really be worthy of the proud profession of pharmacy," he said.

Mr Josselyn Hill, for the Society, said Mr Goody was released from prison last July, having been jailed for 12 months with half of the sentence suspended, at Leeds Crown Court after he admitted obtaining £4,589 by deception from Calderdale FPC. Between January 1983 and May 1984, said Mr Hill, Mr Goody had added, to prescriptions, drugs — usually expensive ones — which were not dispensed. He had also claimed

exemption fees by signing on the back of prescriptions when the prescription charge had been paid.

Mr Goody, who qualified in 1971, said he bought the Hanson Lane pharmacy in November 1982. "I was working on my own with no friends and working long hours. Shortly before taking over the shop I had gone through a divorce and my emotional state was at a low ebb," he said. Financial problems arose, he explained, when he helped out his ex-wife and his arthritic sister.

"I found it increasingly difficult to meet the various financial and moral obligations I had at that time. I became extremely worried about my financial affairs and I formed the impression that this new business venture was not very profitable.

He admitted making false claims for drugs he had not dispensed but insisted he never intentionally signed an exemption on a paid prescription.

"By April 1984," he said, "I realised I had completely misread the situation and that the business was proving to be successful, so I ceased the dishonesty. I was worried beyond all reason. I think my judgment was impaired."

An allegation that Mr Goody had supplied a former girlfriend, who was a drug addict, with medicines that were available only on prescription was found not proved. He had denied it.

Mr Goody has three months in which to appeal.

Reprimand for script forgery

A Liverpool pharmacist, who was jailed for forging prescriptions totalling £1,429, was reprimanded by the Statutory Committee.

Mr Jeremy Nestor, who now runs a pharmacy at Hillside Road, Huyton, worked in the High Street, Weaverham, Northwich, when he appeared at Chester Crown Court in July 1982. He admitted five offences of forgery with intent to defraud the NHS and asked for six similar offences to be taken into consideration. He was jailed for nine months with six months of the sentence suspended.

In December 1983 the Statutory Committee postponed judgment on Mr Nestor, who has been a pharmacist for more than 20 years, for 12 months. "We have been impressed by your sincerity, regret and anguish," Committee chairman, Sir Carl Aarvold, told him. Mr Nestor said the crimes occurred when he could not meet repayments on money he had borrowed to set himself up in

business. He said he was bankrupt and had sold a shop to repay the NHS.

When Mr Nestor appeared before the Committee again in January 1985 judgment was postponed for another 12 months. The acting chairman, Sir Roger Ormrod, said they were concerned because Mr Nestor had had his name removed from the Pharmaceutical Register in May 1984 for non-payment of fees. Mr Nestor explained he had been rather lax but had not received the letter telling him his name had been removed. It was restored in July 1984.

Last week Mr Nestor produced a reference from his employer and told the Committee: "I have been a hardworking community pharmacist — punctual, clean, helpful and friendly to customers, and I would say liked by them. I have taken the opportunity you gave me and made the most of it."

Sir Carl Aarvold told him: "You have behaved yourself during these 12 months and have given us the justification for not directing your name be removed from the Register. To mark the seriousness of what you did three years ago I am directing that a reprimand be addressed to you."

Winpharm policy: UCA protests

The Winpharm letter of December 24, 1985 to our members (*C&D*, January 4, p24) was the subject of considerable discussion at the monthly meeting of our committee, held on January 7.

It was decided unanimously that we should write to Winpharm protesting in the strongest possible terms about their new policy. We were astounded that the company, which professes to support the professional role of the pharmacist and which seeks to enlist the aid of its pharmaceutical colleagues in promoting its products, should have the audacity to reduce the profit margin at a time when profitability under the NHS is rapidly being eroded.

Our members feel that the reduction in the margin of Winpharm products will encourage any self respecting pharmacist to recommend any one of a number of other products similar to those of Winpharm which show the margin necessary to reflect the training and expertise of the pharmacist as an adviser on OTC medicines.

Despite the platitude that advertising will enhance the profit to the pharmacist it is our conviction that the biggest sales of Winpharm products are as a result of the recommendation of the pharmacist.

Consequently we believe that this step which Winpharm has taken will not encourage enthusiastic support from retail pharmacists.

M. Stewart
Secretary, Executive Committee,
Ulster Chemists' Association.

Facts on zinc requested

I write with regard to the article by Xrayser (*C&D*, January 18) on zinc sulphate. I wonder if the pharmacist who was fortunate enough to have had some experience in the use of zinc sulphate solutions would be willing to share the information with other pharmacists who would rather help our public than turn them away because we don't know where to obtain the necessary information. I would be most grateful for any information on this either by personal reply or through your columns.

Sarah Purdie.
New Deer, Aberdeenshire.

Congratulations?

The British Pharmacists Association is pleased that you gave prominence to our letter concerning the "link-up" of the *Chemist & Druggist* and the National Pharmaceutical Association. We of course accept your explanation, although we feel it is better for a contributor to your magazine not to pay funds, even as a token for reports about themselves. I must correct you on one point, however. I did see the picture of *C&D's* NPA reporter Liz Hunt, which is a very redeeming feature of your article. Congratulations, *C&D*!

Your report on the death of the contract makes me ponder on the philosophical question: "Is there life after death?" The recollection of Meir Kattan and I — confirmed by our notes written immediately after our cordial meeting with Mr Tom Luce (DHSS Under Secretary) — is that he appeared to be completely indifferent to the fate of the new contract. His stone-walling and silence on the subject was, in our view, highly significant. The DHSS did not appear to have definite plans for its implementation. Certainly, if the contract was now alive, many pharmacies would be dead. What is more important to the profession — death or resurrection?

Charles Flynn

*Honorary acting general secretary,
British Pharmacists Association.*

Pharmaceutical journalism

Until last week (*C&D*, *PJ* Letters columns last week), I was content to read Mr Charles Flynn's statements without comment, providing as these did, a mixture of amusement and mild irritation.

On this occasion (see both *C&D*, January 11, p35, January 18, p114) I feel compelled to vindicate not only the publisher and editorial staff of the *Chemist & Druggist* but the *Pharmaceutical Journal* also; and to congratulate both for providing all pharmacists with stimulating and informative reading since their foundation.

I believe Mr Flynn registered some 28 years after I did. Perhaps his qualifying course which ended in 1967 did not include a study of the Jenkin Case of 1921. If so, he can read all about it on page 120 of the Society's Calendar (at least my copy of 1977-78). Briefly, the Jenkin judgment declared certain activities of the "Defendant Society to be not within its powers". As a result the Registered Pharmacists Union (now the National

Pharmaceutical Association) was formed.

The NPA does not and cannot have its own journal; limited circulation and the available sources of advertising revenue see to that. I have always found reporting of this Association's activities to be good in both journals, but unlimited reporting is not generally possible with the existing pressure on space. It is then sensible for the NPA to co-operate with the *C&D* and contribute from its advertising allocation to share expenses. I think it is an excellent idea for all community pharmacists.

While the *Pharmaceutical Journal* enjoys some support from our thirty thousand or more fees and is the official organ of the PSGB, the *Chemist & Druggist* enjoys support from 11,000 or more community pharmacists. This lucky minority can therefore boast a second weekly to reflect its commercial and professional interests.

The one cherished and honoured attribute which both have in common is that of well-demonstrated editorial freedom: even to the extent of publishing regular material from the joint acting general secretary of the British Pharmacists Association (UK), and other mountebanks.

Long live that freedom in our different yet complementary journals — "Vive la difference!"

Keith Jenkins

Wendover, Bucks.

Halt! Who goes there?

It has been brought to the attention of this company that statements are being made which could mislead pharmacists and members of the public.

It appears that statements have been made that Stoppers are no longer available and that they have been replaced by a so-called equivalent. Stoppers tobacco smokers lozenges are distributed by the

Stoppers Company Ltd through our sales force and direct from ourselves. We believe there is, as yet, no substitute for Stoppers which contain minute quantities of pure nicotine and do not contain tobacco extract of any kind.

Mr A. Shaw

Managing director, Stoppers Ltd.

Company matter

The letter from Mr J.R. Thompson (last week, page 155) does not square on all points with our recollections of his involvement with Doncaster Pharmaceuticals. Mr Thompson ceased to be a director of the company some 3½ years ago. Since then the company has experienced a 15-fold increase in turnover — a result that speaks for itself and for the vigour of the company.

John Whitworth

*Managing director,
Doncaster Pharmaceuticals.*

Editor: Last week Mr Thompson was described incorrectly as a director of Doncaster Pharmaceuticals in the *Letters* column. From the content of his letter it should have been apparent that the description "former director" was appropriate.

Thanks for a day of squash

As participants in the third annual pharmacists squash tournament, held recently at the London South Bank Squash Club, we would like to thank and congratulate LRC Products Ltd on a superb day of squash. To those pharmacists who accepted LRC's invitation to play and didn't turn up without the courtesy of a phone call we give no marks for consideration to others.

Kath and Eddie Fullerton

Bray, Berks.

Prescription statistics

England			Wales		
Number of scripts	July 1985	July 1984	Number of scripts	July 1985	July 1984
	27,021,894	26,526,566		2,090,134	2,007,629
	(+ 1.87%)			(+ 4.1%)	
Cost (£)	130,288,413		Cost (£)	9,580,354	
	(+ 10.70%)	117,685,116		(+ 9.9%)	8,712,215
Oxygen payments (£)	931,407	774,501	Oxygen payments (£)	153,141	124,609
Net ingredient cost	396.37p	375.57p	Net ingredient cost	371.01p	355.12p
Discount	(24.78p)	(21.61p)	Discount	(23.14p)	(20.56p)
Container allowance	3.79p	3.79p	Container allowance	3.79p	3.79p
	375.38p	357.75p		351.66p	338.35p
Fee	60.45p	40.54p	Fee	60.52p	40.69p
Oncost	42.87p	42.43p	Oncost	38.85p	39.14p
Average total cost	478.70p	440.73p	Total cost	451.03p	418.18p

Northern Ireland statistics: In October 1985, chemists and appliance suppliers in Northern Ireland dispensed 1,166,995 prescriptions (741,917 forms) at a gross cost of £5,772,351.23 and an average cost of £4.95.



Politicians took centre stage in January — not just in Whitehall, but in the City, too. They dominated most of the action, in particular, the Westland saga, which started as a financial reconstruction, and soon became a political football.

A series of mega-bids were effectively put on ice while the Office of Fair Trading considered whether they should be investigated further by the Monopolies Commission. Behind the scenes there was probably some hard bargaining with members of government about, for example, GEC's £1.2bn bid for Plessey. GEC argue that the merged group would be better able to compete both at home and abroad. Similarly, Imperial Group and United Biscuits claimed that their combined share of the snacks market would not be dominant, and Guinness said that their ownership of Distillers would be good for the Scottish whisky industry, boosting its exports. Meanwhile, their shares were treading water.

In addition, the decision by the French and British Governments to give the go-

ahead to the Channel Tunnel Group's proposal for a fixed link gave companies such as Costain and Taylor Woodrow a good boost. The market was preoccupied, however, with interest and exchange rates. As oil prices fell the pound came under pressure, but dealers could not decide whether the authorities intended to support sterling by jacking up interest rates or not. This uncertainty worried investors, and as a result the market fell for most of the month.

The few high spots included companies such as ICI and GKN, the engineers, who are among the minority to benefit from a fall in the value of the pound — so their shares were strong.

Dixons' shares were also buoyant, helped by an excellent set of results — clear evidence that last year's merger with Curry's is paying off handsomely. This provides some encouragement for the prospects of other products in the current wave of takeovers.

Speculation continued to affect the price of Xtel, the publishing, electronic information and financial services group, where Dr Ashraf Marwan has increased his stake to over 10 per cent. Mr Marwan dealt astutely in the shares of Fleet Holdings last year before they were taken over, and his interest in Xtel is widely expected to lead to similar action there.

Wellcome: the good and the bad

Wellcome are inviting their financial advisers to share a loving cup on St Valentine's Day. That is when dealings in Wellcome's shares will start on the stock market (see C&D, last week).

The run-up to Wellcome's flotation has attracted sufficient interest to ensure a good start to life on the stock market. Their shares are being offered at £1.20, valuing the whole company at over £1bn. The price has been the subject of some wrangling behind the scenes. While there is great respect for Wellcome's research, in particular their current work on a potential treatment for Aids, there are also widespread worries about their ability to retain senior staff — especially scientists.

In the crucial month leading up to the publication of the prospects, Wellcome lost two of their key executives, Bill Sullivan, who was in charge of the American operation, and Dr Pedro Cuatrecasas, his head of research. No reason was given for Mr Sullivan's sudden departure, but Dr Cuatrecasas is leaving to join Glaxo. The latest departures follow

the resignations last year of Sir John Vane, a Nobel prize winner and former head of Wellcome's research, and Sir James Black, another scientist of world renown.

Successive resignations suggest that morale may be low among Wellcome's research staff, and that there is rivalry between the American and British sides of the group. North America accounted for 65 per cent of group profits last year.

It is additionally unfortunate that Wellcome are joining the stock market in a year when their profits are expected to show very little increase, if any, in contrast to each of the last five years when profits have risen steadily, reaching £122m last year. The slow down in 1986 reflects the vagaries of exchange rates.

Many investors have also pointed out that Wellcome's tax management is unusually weak. Last year more than half their profits were absorbed in tax payments. In their favour, however, Wellcome have an excellent record for producing successful drugs and they have several products on the launch pad.

The price now being placed on the shares is slightly lower than expected. Institutions may be keen to buy the shares now to ensure they hold their quota, but individuals would be betting on future discoveries.

BPC responds to Nuffield...

This year's British Pharmaceutical Conference will be held in Jersey, September 22-25.

The conference complex (Lido de France) and exhibition centre are situated in the grounds of the Hotel de France, St Helier. The following is a summary of the provisional programme.

Sunday, September 21

Welcome to Jersey. Madisons Nightclub, Hotel de France.

September 22

Morning Opening ceremony, Fort Regent, St Helier. Welcome by the States of Jersey Bailiff, address by Mr B. Hayhoe (Minister for Health) and Pharmaceutical Society president. Scientific address by Dr A. C. Moffat (chairman, Conference science committee).

Afternoon Conference Science Award Lecture by Dr J. N. Stanilorth. Science sessions. Professional session on "The response to Nuffield," — the profession's view, by Mr J. Ferguson Society's (secretary and registrar); an educationalist's view by Professor P. J. Spencer (head, Welsh School of Pharmacy, Cardiff).

Evening Vin d'Honneur (civic reception). Tickets free. Conference club and disco.

September 23

Morning Science sessions. Professional sessions: industrial pharmacy session, "Packaging of medicines" — justification for original pack dispensing by Mr J. Sharp (project manager, OPD ABPI), the industrial challenge by Mr A. Waite (Roche Products Ltd); implications for the pharmacist by Mr J. Mountain (Ayerst Laboratories). Community pharmacy session, "Communication, counselling and co-operation" — communication, by Mr J. Kitching (tutor in educational development, University of Bradford); counselling, by Dr A. D. J. Balon (proprietor community pharmacist); co-operation, by Dr M. Wilson, (chairman, General Medical Services Committee, BMA). Science Plenary Lecture. Science and practice research posters (viewing opens).

Afternoon Science sessions. Pharmacy practice research session. Science group business meeting.

Evening Conference banquet, Hotel de France. Guest speaker: Mr Vernon Tones, deputy Bailiff, States of Jersey. Conference club and disco.

September 24

Morning Professional session on "Professional responsibility, control and supervision" — the legal and ethical background by C. R. Hitchings (RPho, SW Thames RHA, and member of Council); the case for the status quo by Dr D. H. Maddock (a proprietor community pharmacist and member of Council); the case for change by Professor M. Peston (member of Nuffield inquiry into pharmacy). Science plenary lecture. Science sessions.

Afternoon Science sessions. History of pharmacy session, Science discussion forums, Science and practice posters (presenters in attendance).

Evening Conference club and disco.

September 25

Morning Symposium session on "Action against drug abuse" — Countering drug abuse: the government approach (speaker to be announced); addiction and treatment by Dr Brenda Davies (psychiatrist and pharmacist); forensic aspects by Dr D. A. Patterson (forensic scientist, Home Office, Chorley).

Afternoon Conference lecture on "Acquired immune deficiency syndrome" by Dr E. D. Acheson (chief medical officer, DHSS). Closing session. Exhibition finishes.

Evening Soirée Française, Hotel de France.

Application forms will be posted to all those who attended BPC in 1985. Other forms from Miss Marguerite Frossard, CLBS Ltd, PO Box 143, Maxwell House, St Peter Port, Guernsey (tel: 0481 246599).

...open meeting

The Nuffield Foundation will be holding an open meeting on April 17 on the results of its inquiry into pharmacy. The meeting, starting at 7pm, will be held in the Central Hall lecture room at Westminster. The Report is to be published March 21.

Macarthy's give way to increased Jadelle bid

Macarthy's have now given in to the takeover bid by Jadelle, despite hopeful comments in the wake of improved interim results (see *C&D*, January 25, p157).

The group of investment trusts — all clients of John Govett & Co — upped their original offer of 265p a share to an average 277p; 275p for every share or 285p for one share in every four. Macarthy's chairman Albert Slow had called the first offer inadequate and opportunistic. Jadelle's bid had come after substantial restructuring of the company — which Macarthy's had said was paying off in their financial results.

Mr Slow explained: "The turning point came when Jadelle increased the offer and at the same time satisfied us that they would continue to run Macarthy's as a separate company". The group had already picked up 36 per cent of the company's shares and, Mr Slow commented, "... it would have been very difficult to defend that situation. We concluded that it would be better for us to concede". The offer document is to be issued on January 30 or 31, and Macarthy's

will then make their recommendation to shareholders.

The takeover will mean a change in the top management, as Nick Ward of the Martin Retail Group takes the posts of chairman and chief executive. "Once the offer document is out," said Mr Slow, "and they get the necessary votes — and there's not much doubt they will — they will formally seek our resignation. We have informed them that we will comply".

Leaving the board along with Mr Slow will be directors Alan Ritchie, John Jones and Michael Keeling. Group managing director Michael Bridger and David Wright, managing director of the wholesaling arm, will be discussing their positions within the company. It is understood that Jadelle have asked them to stay on. Joining the board with Nick Ward will be John Reed, J.M.L. Stone and Dwight Makins — managing director of John Govett.

Mr Ward told *C&D* he would begin by looking at the strengths and weaknesses of each area of the company, before recommending future policy to the board. As *C&D* went to press, Macarthy's shares stood at 279p.

Own-label make up challenge

Traditional cosmetic houses are faced with declining sales and a booming grocery own-label sector, and are having to reevaluate their positions within the market, according to a new report.

But the upheaval caused by increasing own-label sales is, say Market Assessment, long overdue and will help spur the market on to further growth, if only in volume terms. Supermarkets and groceries now account for about 65 per cent of all UK outlets selling cosmetics and are taking a sizeable share of the £516m (rsp) market. But leading brand makers like Max Factor and Revlon have failed to break into the sector.

Of the six major sub-markets covered in the report, lip make-up is the only area which has shown consistent volume growth since 1980. Advertising expenditure has also been highest in this sector; media spends have increased by some 83 per cent since 1978.

New product innovation has helped stimulate volume growth of 12 per cent in the nail make-up market, but both the eye make-up and the foundation and powder markets were badly hit during the recession in the early 1980s. Traditional compressed powders still dominate the £65m (rsp) face make-up market.

The report also looks at the £235m (rsp) fragrance market and finds there has been a significant move to fine fragrances as the country pulls out of recession. *Cosmetics (September 1985). Market Assessment Publications, 2 Duncan Terrace, London.*

Study of health

Employment secretary Lord Young has announced a study into employer attitudes on health and safety.

Lord Young said the move was part of the Government's efforts to cut red tape. But he said there was no intention of downgrading health and safety standards.

The study will look at difficulties faced by employers, and the work of local authorities and inspectors. A report will be made by Easter.

Central pool for business rates?

Business rates would be set as a uniform rate in the pound nationwide, under Government reforms, set down in the Green Paper published this week.

The money would be pooled centrally and redistributed to local authorities according to the population in each area. The Government claims this to be the way to cut out distortions between different areas, and to let companies and councils plan ahead with the knowledge of a fixed rate of income and expenditure.

Councils would keep the right to set a token rate on local industry. The effects of changing the business rate would be allowed for by giving councils a safety net, with money going to the losing councils in the first year. The plan is to transfer about £700m from the South and South-East shires to the poorer areas of London and the North. The reforms would be introduced by 1990, with the timescale in Wales set at three years.

Scottish business rates — which shot up under the revaluation last year — would be unable to be put up by councils except on an inflation-linked index, until a new rate is established.

Fighting fakes in the EEC

The Lords European Community Committee is supporting the idea of giving customs more power to clamp down on counterfeit goods.

In the Committee's second report, the European Commission's proposal (see *C&D* November 9, p871) is seen as a significant improvement. Under the draft regulation, trademark owners could tell the authorities about their marks and the danger of counterfeits being imported. Counterfeit goods could be confiscated and destroyed.

But the report complains of deficiencies in the proposals. They would not apply to goods breaching copyright or patents; and the controls would be limited to external frontiers, so that counterfeits made and traded within the community would not be caught.

A community-wide trademark is under negotiation, to prevent goods being imported through states where the trademark isn't registered. But the report says this measure is unlikely to come into effect for some years.

Glaxo estimate £25m write-off from Farley's

Glaxo may be looking at losses of up to £25m in the wake of Farley's liquidation (see C&D January 25, p157).

The figure is estimated by assuming the worst possible outcome, for a statement of likely assets and liabilities that is prepared for Company House. Glaxo say the true figure — which may not be as high — will not be known for some months.

As well as likely trading losses (now put at £9m) the calculations take into account possible losses incurred on disposal of the two new businesses set up when Farley Health Products was put into liquidation. This, again, takes the pessimistic line, in assuming the business disposed of would be a loss.

The two subsidiaries are still to be sold, but the names of prospective buyers have not been revealed. At present the businesses are being run by the liquidators. The Plymouth plant, where the rusk production is based, is carrying on "business as usual," say Glaxo. The Kendal site, where the milk-based baby foods were housed, is still waiting for DHSS clearance — which would be necessary should there be plans to restart production. A DHSS spokesman could not say when the results of the Department's investigation would be known.

The link between the *Salmonella* ealing outbreak at Farley's Kendal factory and an infected cow from a herd used to supply the factory, have been dismissed by the Ministry of Agriculture who said there was no reason to link the outbreaks.

The cow was found to carry the organism in its gut last April, but tests on the herd and at the farm proved negative (C&D January 11, p38). An examination of milk and the milk filter from the storage tanks also failed to show any trace of the organism, and no further action was taken by the Ministry.

Because all the milk from the herd was pasteurised before use it was not necessary to place a "pasteurised milk only order on the herd," they say. This is only issued when raw milk is supplied direct to a retail producer outlet with no pasteurisation procedure taking place.

The cow was slaughtered in early December because it was infertile and lame. "It was an animal husbandry decision and was not taken because the cow had salmonella. It isn't possible for the bacteria to pass from the gut to its milk," said the spokesman. However, he was unable to confirm whether the cow was slaughtered before or after the Farley outbreak became known, or that cross-contamination (eg faeces from the cow) was no a possible source.

of practice in what could be described as a "grey area" which could move "against one particular type of business and in favour of a monopolistic enterprise."

Labour lay down monopoly line

Pricing policies operated by major retail chains would be subjected to closer scrutiny under a "tougher policy" on monopolies and mergers being planned by Labour leaders.

This was made clear by Lord Williams of Elvel (Lab), former chairman of the Price Commission (abolished by the present Government), in a debate in the House of Lords last week.

He told Peers that Labour's aim would be to introduce a procedure for standing references to the Monopolies and Mergers Commission. It would cover certain *prima facie* uncompetitive practices which could not be defined precisely in existing legislation although they were capable of interpretation by the courts.

Lord Williams cited the "discounts forced by big retailers on food manufacturers" as an example of the type

An eye buy

Optical company Coopervision have bought Kelvin Watson plc and formed a £34m eye care company.

The new company, Coopervision Ophthalmic Products (CVOP) combines Coopervision Ltd — which makes the Contactasol range of lens solutions — with Coopervision Optics Ltd.

The company says Kelvin Watson will give CVOP an entry into optics retailing through their chain of 50 branches. They will also provide the company with manufacturing facilities for hard and gas permeable lenses.

■ Contactasol Ltd have moved to Permalens House, 1 Botley Road, Hedge End, Southampton SO3 3HB (tel 04892 5155).

Monday, February 3

East Metropolitan Branch. Pharmaceutical Society & West Ham District. Association of Pharmacists. Churchill Room, Wanstead Library, Spratt Hall Road, Wanstead E11 at 7.30pm. Dr RM Pearson, consultant physician, Harold Wood Hospital on "Diuretics and current practice."

Tuesday, February 4

Dumfries and Galloway Branch. Pharmaceutical Society. Dumfries and Galloway Royal Infirmary at 7.30pm. Dr W Sneider on "The forbidden fruit."

East Kent Branch. Pharmaceutical Society. Kent Postgraduate Medical Centre, Kent and Canterbury Hospital, Canterbury at 8pm. Dr HM Smedley on "Oncology."

Blackpool & District Branch. Pharmaceutical Society. Victoria Hospital. 7.45pm. Presentation by Bencard.

Harrow & Hillingdon Branch. Pharmaceutical Society. Icyer, Himsforth Hall, Northwick Park Hospital at 7.30pm.

Annual meeting with the Harrow branch of the BMA.

Northumbrian Branch. Pharmaceutical Society. Viscomte Suite, Imperial Hotel at 7.30pm. Mr P Ross on "An engineer's view of English cathedrals."

Wednesday, February 5

Isle of Wight Branch. Pharmaceutical Society. postgraduate medical centre, St Mary's Hospital, Newport at 7.30pm. Dr DG Waller, senior lecturer, department of clinical pharmacology, Southampton University on "Medicines, academics and industry." Joint meeting with the Medical Club. Buffet.

Lincolnshire Branch. National Pharmaceutical Association. Eastgate Hotel, Lincoln, at 7.30pm. Mr Stephen Axon (PSNC) on "Finding your way around the Drug Tariff".

Slough & District Branch. Pharmaceutical Society. PGMC, King Edward VII Hospital, Windsor, at 8pm. Elena Grant, regional drug information pharmacist, Birmingham on "Drugs in Pregnancy and Lactation."

Thursday, February 6

Bristol & District Branch. Pharmaceutical Society. postgraduate medical centre, Frenchay Hospital at 8pm. Mr PW Klein, consultant neuropathologist, registered homeopathic practitioner, Bristol on "Alternative medicine."

Hounslow Branch. Pharmaceutical Society. lecture theatre, West Middlesex Hospital, Twickenham Road, Isleworth at 7.45pm. P Parker, national manager, Upjohn Ltd on "Sleep — problems, diagnosis and classification of insomnia."

Weald of Kent Branch. Pharmaceutical Society. postgraduate centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells at 8pm. Keith Anderson, national sales manager, Pfizer on "The pharmaceutical industry today."

Friday, February 7

Hull Pharmacists' Association. postgraduate centre, Hull Royal Infirmary, Anlaby Road, Hull at 7.45 for 8pm. Mr Ivor Innes. Joint with Hull Medical Society.

Advance Information

North Staffs Branch. National Pharmaceutical Association. annual dinner dance, Trentham Gardens, Stoke on Trent, on Thursday, February 27 at 7.30pm. Tickets are £12.50. Further information from Gaz Clapinski (tel 0782 88350).

Frankfurt International Trade Fair. Saturday, March 1 to Wednesday, March 5 1986. Further information from Collins & Endres, 18 Golden Square, London W1R 3AG

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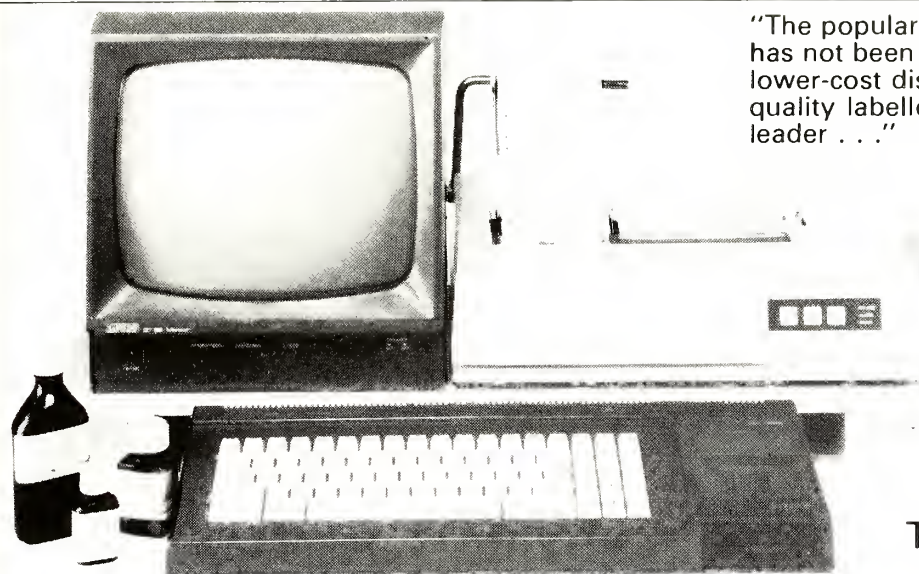
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No talks on new PRP members

The Minister for Health, Barney Hayhoe, has unilaterally appointed two new members to the Pharmacists' Review Panel without consulting the Pharmaceutical Services Negotiating Committee.

Mr James Keir, a barrister and formerly joint secretary of Unilever (retired 1984) replaces Mr E. Gibbons as chairman. Professor John Sargeant, economic adviser to the Midland Bank, a former member of the Review Body on Doctors and Dentists Remuneration and a member of the Armed Forces Review Body since 1972, replaces Miss P. Cook.

Although the PSNC was informed of the Minister's nominees last December the Committee was not given time to discuss the situation before the Minister acted (PSNC does not meet in December). Chairman David Sharpe has written to Mr Hayhoe indicating the Committee's displeasure and insisting on consultations taking place in the future.

"We have nothing against the appointments that have been made. It is the principle. By acting unilaterally the Minister has potentially undermined the independence of the Panel. Contractors could lose confidence in it if this is repeated," said chief executive Alan Smith.

Pharmacy attacks link?

Three pharmacists in Middlesex have been the victims of violent attacks and robbery in the past six weeks which police believe may have been carried out by the same gang.

The most recent attack took place on January 22 at the Honeypot Pharmacy in Kenton. Pharmacist Mr Mudhukar Nerkar was in the shop with a colleague when two coloured youths came in at around 4 pm. "I thought at first they were customers," said Mr Nerkar, "but as they approached the till one of them took out a weapon. It looked like a screwdriver. They told me to open the till." When he resisted he was punched and pulled. Mr Nerkar and colleague managed to escape through the back door to raise the alarm. A police



London pharmacist Kirit Patel plans to "get away from it all" by spending his £1,000 Unichem Classic Winners prize on a holiday. Godfrey Raivid (left), a Unichem non-executive director and Willesden branch general manager Wyatt Bell (right) presented the latest winner with his cheque.

helicopter, ambulance and squad cars arrived but the men had escaped with cash and goods.

Mr Maheboob Jagani of Turnballs Chemist, also in Kenton, was held-up on December 12 by three black youths who again posed as customers before threatening Mr Jagani and his assistant with knives. Mr Jagani was forced to open the cash register, and empty his pockets and briefcase before they demanded to see the safe. "When I told them I did not have a safe they began to beat me up," said Mr Jagani. "A lot of merchandise was stolen and some glass panels smashed."

Tyerest Chemists Ltd was attacked on January 9 when four West Indian youths forced pharmacist Ravindra Fofaria to hand over about £320 in cash.

After comparing descriptions, the three pharmacists feel that they may have been victims of the same gang.

New Fellows

Mr Brian Edmund Cheyne and Mr John Kenneth McGregor have been elected Fellows of the Pharmaceutical Society of Northern Ireland.

Mr Cheyne, chief pharmacist at the DHSS (NI) and Mr McGregor, a proprietor pharmacist from Belfast, will receive their Fellowship certificates at the President's dinner on March 19.

No 1986 award

The College of Pharmacy Practice has decided not to make a Glyn Jones Award this year.

The Award, which is usually biennial, perpetuates the memory of Sir William Glyn Jones, the former secretary and registrar of the Society.

Thomas Kerfoot & Co Ltd: Mr John Carolan has been appointed marketing manager.

Pharmagen Ltd: Tom Hart is the new general manager with effect from January 1. Mr Hart has been with the parent company, Vestric, for over 20 years.

Stuart Edgar Ltd: Frank Law has been appointed field sales manager with effect from January 1. He joined the company from Kimberley-Clark, where he was Northern area sales manager.

Unichem Ltd: Alan Blaydon, warehouse manager at the Croydon branch and Tony Brotherton, warehouse manager at the Newcastle branch have both been promoted to operations managers of their branches.

Kingsgrange Products Ltd: as from March 1 Keith Fox has been appointed operations director and deputy managing director of Jean Sorelle Ltd. Mr Fox has been operations director for Max Factor and has previously held a number of senior positions in the toiletries and cosmetics industry.

Billington Group: William McGrath has been made a non-executive director as the company gets ready for its USM entry. Mr McGrath joined Billington in 1981 from Asda where he was director for non-food development.

Windsor Pharmaceuticals: Jill Hathaway, formerly with the AGB group of companies, joins as product manager. Arlene Griffiths, who joined the company in November 1984, will be taking up new responsibilities in the company's OTC and consumer health care business.

Animal 'meet'

The Animal Health Distributors Association is holding its first conference on Friday March 7, at St John's Swallow Hotel, Solihull. The theme will be "The next ten years."

Among the speakers in the morning are: Mr W. L. Porter, managing director, Animax Ltd; Mr J. S. Fawcett, vice president of the National Farmers' Union; Mr B. D. Hoskin, president of the British Veterinary Association; and Mr E. Haughey, managing director, Norbrook Laboratories. A dinner is being held on the evening before the conference.

Conference and lunch fees are £25 for AHDA members, £30 for non-members. Accommodation and dinner are extra. Full details from Mrs Eileen Edwards, AHDA (UK) Ltd, 111 High Street, Tonbridge, Kent (0732 360355).

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